

**FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP  
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP  
ANNUAL REPORT  
**1997**



FLORIDA DEPARTMENT OF STATE  
**Sandra Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

96 DEC 27 AM 11:27

*mth*  
*1/3*

1. Name of Limited Partnership		1a. DOCUMENT # A27387	
Pompano Beach Venture Limited Partnership			
2. Mailing Address		2a. Principal Office Address	
c/o Aldrich Eastman Waltch 225 Franklin Street Boston, MA 02110		c/o Aldrich Eastman Waltch 225 Franklin Street Boston, MA 02110	
3. Date Formed or Registered		5a. Capital Contributions as Shown on record	
11/15/1988		\$2,064,713.00	
3a. Date of Last Report		5b. Amount of Capital Contributions in FLORIDA to date	
12/31/95		\$2,064,713.00	
4. State or Country of Formation		6. FEI Number	
FL		65-0095178 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
7. Certificate of Status Desired		8. Make check payable to: Dept. of State (See reverse side for fee information)	
<input type="checkbox"/> \$8.75 Additional Fee Required			

9. Name and Address of Current Registered Agent		10. If changed, new Registered Agent/Office	
CT Corporation System 1200 S. Pine Island Road Plantation, FL 33324		Name	
		Street Address (P.O. Box Number Is Not Acceptable)	
		Suite, Apt. #, etc.	
		City	
		FL Zip Code	

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office, or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

DATE

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY  
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/Document Number
PBP Venture Corporation c/o Aldrich Eastman Waltch	225 Franklin Street	Boston, MA 02110	P33427
800002048228--9 -01/07/97--01092--025 ****576.25 ****576.25			

CR2E003 (6/96)

**Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.**

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate, and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

*Alex M. Bernardi*  
Alex M. Bernardi

DATE

12/18/96

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

617 261-9000