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

LIMITED PARTNERSHIP ANNUAL REPORT 1997

BOCA VILLA LIMITED PARTNERSHIP

FLORIDA DEPARTMENT OF STATE

Sandra Mortham

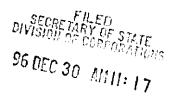
Secretary of State
DIVISION OF CORPORATIONS

1. Name of Limited Partnership

SIGNATURE.

Typed or Printed Name of General Partner Signing Form __

1a. DOCUMENT # **A27742**





				colle_			
Mailing Address 383 S 3RD ST. COLUMBUS OH 43215 US Principal Office Address Principal Office Address 100 W. HIDDEN VAL: BOCA RATON FL 43 US		LEY BLVD.		3. Date Formed or Registered 01/12/1989 3a. Date of Last Report	5a. Capital Contributions as Shown on record.		
00				12/14/1995 4. State or Country of Formation	5b. Amount of Capital Contributions in FLORIDA to date:		
2. Mailing Address	28. Principal Office Address			ОН			
Suite, Apt. #, etc.	Suite, Apt. #, etc.			6. FEI Number 31-1162068	Applied For Not Applicable		
City & State	City & State			7. Certificate of Status Desired	Q	\$8.75 Additional Fee Required	
Zip Country	Zıp	Zip Country		8. Make check payable to: Dept. of State (See reverse side for fee information			
9, Name and Address of Co	urrent Registered Agent	10. If changed new Registered Agent/Office					
JOSEPH SKILKEN MANAGEMENT CO. BOCA SOL APARATMENT RENTAL OFFICE		Name Street Address (P.O. Box Number Is Not Acceptable)					
200 NE 20TH STREET BOCA RATON FL 33431		Suite, Apt. #, etc. City 900020457266-5 -01/08/97-FU007017					
agent I am familiar with, and accept the obli- SIGNATURE (Registered Agent Accepting Appointme A GENERAL PARTNER TH	ice or registered agent, or both, in the State of gations of section 620 192. Florida Statutes.	Florida Such char	pge was aut	horized by its general partner(s). I her DATE	eby accept the	appointment of registered	
11. Name(s) of General Partner(s)	11a. (Do NOT Use Post Office		11b.	City, State & Zip Code	11c.	Registration/ Document Number	
Joseph Skilken & Co		383 SOUTH THIRD STREE		COLUMBUS OH		F93000001193	
Note: General partners MAY 12. I do hereby certify that the information supplied Corporations from any liability of non-complian	with this filing is voluntarily turnished and doe	s not qualify for the	e exemption	stated in Section 119 07(3)(k), Florida	Statutes. I rele	ase the Division of	

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 grapher 620. Florigh Statutes.

STEVE SKILKEN