

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

FILED

96 OCT -7 AM 11:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED PARTNERSHIP
ANNUAL REPORT
1997



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

1. Name of Limited Partnership	1a. DOCUMENT # A27822
WESTWOOD COURT LIMITED PARTNERSHIP <i>gn-AR CM</i>	



Mailing Address 489 WHITNEY AVE HOLYOKE MA 01040 <i>effective 10/1/96</i>		Principal Office Address 489 WHITNEY AVENUE HOLYOKE MA 01040		3. Date Formed or Registered 01/26/1989	5a. Capital Contributions as Shown on record \$0.00
2. Mailing Address 131 Ashley Ave Suite, Apt. #, etc. A1		2a. Principal Office Address 131 Ashley Ave Suite, Apt. #, etc. A1		3a. Date of Last Report 11/20/1995	5b. Amount of Capital Contributions in FLORIDA to date
City & State West Springfield MA		City & State West Springfield, MA		4. State or Country of Formation MA	
Zip 01081 Country USA		Zip 01089 Country USA		6. FEI Number 04-2778922	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
				7. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
8. Make check payable to: Dept. of State (See reverse side for fee information)					

9. Name and Address of Current Registered Agent RUSSELL, JEFFREY S. 240 SO. PINAPPLE AVE SARASOTA FL 34236	10. If changed, new Registered Agent/Office 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
ELDER, DOUGLAS C. TURPIE, MARTIN D.	21 SOUTH SUNSET DRI 243 PROSPECT STREET	AMHERST MA E. LONGMEADOW MA	1000015725143-01 -10/15/96-01208-025 ***191.25 ***191.25

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 - *D. C. Elder* DATE - **10-2-96**
Typed or Printed Name of General Partner Signing Form **DOUGLAS C. ELDER** Daytime Telephone Number **(413) 739-0777**

CR2E003 (6/96)