

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

FILED

97 JAN -3 PM 12:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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| LIMITED PARTNERSHIP ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra Mortham Secretary of State DIVISION OF CORPORATIONS |
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|--------------------------------|---------------------------------|
| 1. Name of Limited Partnership | 1a. DOCUMENT # A28558 |
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MB-PLACE SEVILLE APARTMENTS LIMITED PARTNERSHIP

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| Mailing Address % CMF PROPERTIES, INC. 160 CONCORD ROAD BILLERICA MA 01821 | Principal Office Address % CMF PROPERTIES, INC. 160 CONCORD ROAD BILLERICA MA 01821 |
| 2. Mailing Address | 2a. Principal Office Address |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip Country | Zip Country |

| | |
|---|---|
| 3. Date Formed or Registered 06/28/1989 | 5a. Capital Contributions as Shown on record. \$990.00 |
| 3a. Date of Last Report 01/03/1996 | 5b. Amount of Capital Contributions in FLORIDA to date: |
| 4. State or Country of Formation MA | |
| 6. FEI Number 04-3055448 | <input type="checkbox"/> Applied For <input 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) | |

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| 9. Name and Address of Current Registered Agent ROBBINS, R. JAMES JR 101 EAST KENNEDY BLVD. SUITE 3700 TAMPA FL 33602 | 10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code |
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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.**

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| 11. Name(s) of General Partner(s) MCCANNON, CHARLES F JR | 11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 160 CONCORD ROAD | 11b. City, State & Zip Code BILLERICA MA 01821 | 11c. Registration/Document Number 000002058060--1 -01/14/97--01153--015 ****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 the Florida Statutes.

SIGNATURE _____

DATE _____

Typed or Printed Name of General Partner Signing Form

CHARLES F. MCCANNON, JR.

Daytime Telephone Number

(508) 663-0228

CP2E003 (6/96)