


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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 DEC 26 AM 9:17

LIMITED PARTNERSHIP ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra Mortham Secretary of State DIVISION OF CORPORATIONS	
1. Name of Limited Partnership PALMS CORRIDOR, LTD.		1a. DOCUMENT # A28585	
Mailing Address 12954 N DALE MABRY HWY % MURPHY ASSET MGMT. TAMPA FL 33618		Principal Office Address 12954 N DALE MABRY HWY % MURPHY ASSET MGMT. TAMPA FL 33618	
2. Mailing Address		2a. Principal Office Address	
Suite, Apt. #, etc. <i>40 Reliant Property Mgt. Corp</i>		Suite, Apt. #, etc. <i>40 Reliant Property Mgt. Corp</i>	
City & State		City & State	
Zip		Country	
		3. Date Formed or Registered 07/03/1989	
		3a. Date of Last Report 12/26/1995	
		4. State or Country of Formation FL	
		5a. Capital Contributions as Shown on record. \$640,000.00	
		5b. Amount of Capital Contributions in FLORIDA to date: <i>640,000.00</i>	
		6. FBI Number 59-2975719	
		<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 PHILLIPS, GEORGE W. 8001 NORTH DALE MABRY SUITE 401A TAMPA FL 33614		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) MP OF TAMPA, INC.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 12954 N DALE MABRY HW	11b. City, State & Zip Code TAMPA FL	11c. Registration/Document Number \$16911 100002051621--6 -01/08/97--01130--020 *****578.25 *****576.25 <i>OK</i> <i>1-3</i>

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 *[Signature]* DATE *12/21/95*

CR2E003 (6/96)