



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

<b>LIMITED PARTNERSHIP ANNUAL REPORT 1997</b>		 <b>A28594</b> FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS		<b>FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 96 NOV -1 AM 11:30</b>	
<b>1. Name of Limited Partnership</b>		<b>1a. DOCUMENT #</b> <b>A28594</b>			
<b>COLLEY WILLIAMS BERRY L-1 B LIMITED PARTNERSHIP</b>					
<b>Mailing Address</b> <b>ONE INDUSTRIAL DR. WINDHAM NH 03087</b>		<b>Principal Office Address</b> <b>ONE INDUSTRIAL DR. WINDHAM NH 03087</b>		<b>3. Date Formed or Registered</b> <b>07/07/1989</b>	
				<b>5a. Capital Contributions as Shown on record.</b> <b>\$99.00</b>	
				<b>3a. Date of Last Report</b> <b>01/02/1996</b>	
				<b>5b. Amount of Capital Contributions in FLORIDA to date:</b>	
<b>2. Mailing Address</b> <b>888 Seventh Avenue</b>		<b>2a. Principal Office Address</b> <b>888 Seventh Avenue</b>		<b>4. State or Country of Formation</b> <b>FL</b>	
<b>Suite, Apt. #, etc.</b> <b>Suite 3400</b>		<b>Suite, Apt. #, etc.</b> <b>Suite 3400</b>		<b>6. FEI Number</b> <b>02-0436685</b>	
<b>City &amp; State</b> <b>New York, New York</b>		<b>City &amp; State</b> <b>New York, New York</b>		<input type="checkbox"/> <b>Applied For</b> <input type="checkbox"/> <b>Not Applicable</b>	
<b>Zip</b> <b>10106-0199</b>		<b>Country</b> <b>USA</b>		<b>7. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
				<b>8. Make check payable to: Dept. of State (See reverse side for fee information)</b>	

<b>9. Name and Address of Current Registered Agent</b>		<b>10. If changed, new Registered Agent/Office</b>	
<b>THE PRENTICE-HALL CORPORATION SYSTEM, INC.</b>		<b>Name</b> <b>National Corporate Research, Ltd. Inc.</b>	
<b>1201 HAYS STREET</b>		<b>Street Address (P.O. Box Number Is Not Acceptable)</b> <b>1406 Hays Street</b>	
<b>SUITE 105</b>		<b>Suite, Apt. #, etc.</b> <b>Suite #2</b>	
<b>TALLAHASSEE FL 32301</b>		<b>City</b> <b>Tallahassee</b>	
		<b>FL</b>	
		<b>Zip Code</b> <b>32301</b>	

**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)

*Joseph M. Mirione* **Asst. VP** **DATE** **10/24/96**

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

<b>11. Name(s) of General Partner(s)</b>	<b>11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)</b>	<b>11b. City, State &amp; Zip Code</b>	<b>11c. Registration/Document Number</b>
<b>COLLEY AVENTURA L-1 B, INC.</b>	<b>KINDUSTRIAL DR</b> <b>888 Seventh Avenue</b> <b>Suite 3400</b>	<b>WINDHAM</b> <b>New York, New York</b> <b>10106-0199</b>	<b>M92800 (M92600)</b>
	<b>52.50</b> <b>138.75</b> <b>191.25</b>	<b>200001996722--1</b> <b>-11/05/96--01166--021</b> <b>****191.25 ****191.25</b>	

**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

*Judith Bory*

DATE **10/28/95**

Typed or Printed Name of General Partner Signing Form **Judith Bory, VP of Gen. Partner** Daytime Telephone Number **212-333-2100**

CR2E003 (6/96)