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

LIMITED PARTNERSHIP



FLORIDA DEPARTMENT OF STATE

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96 DEC 12 PM 2: 36

SEC. ETARY OF STATE

ANNUAL REPORT 1997	Secretar	Secretary of State DIVISION OF CORPORATIONS		TALLAHASSEE, FLORIDA		
1. Name of Limited Partnership	1a. DOCUM A28946	IENT#	L NEGOTI AGUL NEGO ARKU ARK			
ALZAHRA PROPERTIES, LTI	D.		A MODINAL HOUR HAVE INVESTIGATED TO HE	I STATEMENT OF BUILDING	IT ANDIT DANIT HUN	
					IL 19/13	
Mailing Address Principal Office Address		3. Date Formed or Registered 09/22/1989	Shown on record.			
2978 HARBOUR LANDING WAY CASSELBERRY FL 32707		2978 HARBOUR LANDING WAY CASSELBERRY FL 32707		\$600	\$600.00	
	V.102222			5b. Amount of Capital Contributions in FLORIDA		
2. Malling Address	2a. Principal Office Address		4. State or Country of Formation	to date:		
Suite, Apt. #, etc. City & State	Suite, Apt. #, etc. City & State		6. FEI Number 59-2971376	Appli		
		Zip Country		\$8.75	Additional Required	
Zip Country	Zip			8. Make check payable to: Dept. of State (See reverse side for fee information)		
9. Name and Address of Cui	rrent Registered Agent	<u> </u>	10. If changed, new Registe	red Agent/Office		
NEMAZIE, ALI ASGHAR		Name				
2978 HARBOUR LANDING WAY		Street Addr	ess (P.O. Box Number is Not Acceptable)			
CASSELBERRY FL 32707		Suite, Apt. #, etc.				
		City		FL Zip Code		
10a. Pursuant to the provisions of sections 620.105 for the purpose of changing its registered offic agent. I am familiar with, and accept the oblig.	ce or registered agent, or both, in the State of Fl			f the State of Florida, submits		
SIGNATURE (Registered Agent Accepting Appointmen	t)		DA1	E		
A GENERAL PARTNER THA	<u>JST BE REGISTERED AN</u>	ID ACTIV	PARTNERSHIP OR OTH /E WITH THIS OFFICE.			
11. Name(s) of General Partner(s)	11a. (Do NOT Use Post Office	11a. (Do NOT Use Post Office Box Numbers)		11c. Regis	stration/ nt Number	
NEMAZIE, ALI ASGHAR	2978 HARBOUR LAND	2978 HARBOUR LANDING			(96/9) 20	
					CR2E003	
:		\$	30000	202246		
•		. <u>.</u> .	-12/ ***	2032463 18/9601059 *191.25 ****		
:				- }	-	
•						
Note: General partners MAY N	IOT be changed on this for	m; an am	endment must be filed to c	hange a general	partner.	
12. I do hereby certify that the information supplied Corporations from any flability of non-compliance in samual report is true and accurate and that reproved to execute this report as required by	s with Section 119.07(3)(k) in the event that the my signature shall have the same legal effects a	information supp	lied is deemed exempt from public access. I fu	rther certify that the informati	on indicated on	
SIGNATURE	Mulmarin	_	, DATE	12.10.96	,	

Typed or Printed Name of General Partner Signing Form A4 ASGYUR NEMAZIE Daytime Telephone Number 407) 695-3224