


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

SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 MAY -2 AM 8:56

LIMITED PARTNERSHIP ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Matham Secretary of State DIVISION OF CORPORATIONS	
1. Name of Limited Partnership Tampa Skadawlawn Associates, LTD		1a. DOCUMENT # A29314	
Mailing Address 46 Arnold Management 121 N. Osceola Ave. Clearwater, FL 34615-4081		Principal Office Address same	
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 12/08/1989	
		3b. Date of First Report 10/24/95	
		4. State or Country of Formation FL	
		5a. Capital Contributions as Shown on record \$349,125.00	
		5b. Amount of Capital Contributions in FL ORIDA to Date:	
		6. FEI Number 65-0158532	
		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
		7. Certification of Status Desired <input type="checkbox"/> \$9.75 Additional Fee Required	
		8. Make check payable to Dept of State (See reverse side for form information)	

9. Name and Address of Current Registered Agent Arnold Management Services, Inc. 121 N. Osceola Ave. Clearwater, FL 34615-4081		10. If changed, new Registered Agent/Office Name 800002176478	
		Street Address (P.O. Box Number is Not Acceptable) 05/13/97 81852-825	
		Suite, Apt. # etc. ***\$76.25 ***\$76.25	
		City FL Zip Code 01A	

10a. Pursuant to the provisions of sections 620.1061 and 620.1062, Florida Statutes, I, the undersigned, do hereby certify that 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 for 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 620.107, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) Walter E. Ellis DATE 4/30/97

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. Regulatory Document Number
J. A. G. Capital, LTD	49 West 27th St.	New York, NY 10001	A32788
J. M. K. Properties, Inc.	201 East 87th St.	New York, NY 10128	P38422

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 true, correct, and complete and that I am duly qualified to act as the registered agent for the corporation named herein. I further certify that the information indicated on this form is true and accurate and that my signature shall have the same legal effect as if made under seal. 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 W. B. Dokunlov, As Agent DATE 5-1-97

Typed or Printed Name of General Partner Signing Form: W. B. Dokunlov, As Agent Daytime Telephone Number: (813) 442-7184