

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

**LIMITED PARTNERSHIP
ANNUAL REPORT
1997**



FLORIDA DEPARTMENT OF STATE
Sandra Mortham
Secretary of State
DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

97 JAN 21 AM 9:46 *AL 1/24*



1. Name of Limited Partnership	1a. DOCUMENT # A29431
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SMSB ASSOCIATES (LIMITED PARTNERSHIP)

Mailing Address 8000 NORTH FEDERAL HIGHWAY BOCA RATON FL 33487		Principal Office Address 8000 NORTH FEDERAL HIGHWAY BOCA RATON FL 33487		3. Date Formed or Registered 12/26/1989	5a. Capital Contributions as Shown on record \$100.00
				3a. Date of Last Report 04/11/1996	5b. Amount of Capital Contributions in FLORIDA to date
2. Mailing Address 1144 E. Newport Center Drive Suite, Apt. #, etc.		2a. Principal Office Address 1144 E. Newport Center Drive Suite, Apt. #, etc.		4. State or Country of Formation FL	6. FFL Number 65-0193842
City & State Deerfield Beach FL Zip Country 33442 U.S.A.		City & State Deerfield Beach FL Zip Country 33442 U.S.A.		7. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
8. Make check payable to: Dept. of State (See reverse side for fee information)					

9. Name and Address of Current Registered Agent BURRELL, PAUL M. 8000 NORTH FEDERAL HIGHWAY BOCA RATON FL 33487		10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) 1144 E. Newport Center Drive Suite, Apt. #, etc. City Deerfield Beach FL Zip Code 33442	
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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.**

11. Name(s) of General Partner(s) SMSB, INCORPORATED	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 8000 N. FEDERAL HIGHW 1144 E. Newport Center Drive	11b. City, State & Zip Code BOCA RATON FL Deerfield Beach FL 33442	11c. Registration/Document Number L35572
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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

DATE **1/3/97**

Typed or Printed Name of General Partner Signing Form

Paul M. Burrell

Daytime Telephone Number **1954/418-6428**