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

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SEC. OF STATE
TALLAHASSEE, FLORIDA

LIMITED PARTNERSHIP
ANNUAL REPORT
1997

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

1. Name of Limited Partnership

1a. DOCUMENT # A29971

NEPTUNE-ST. PETERSBURG, LTD.

12/26

Mailing Address	Principal Office Address
34042 U.S. HWY 19 NORTH SUITE B-4 PALM HARBOR, FL 34687	34042 U.S. HWY 19 NORTH SUITE B-4 PALM HARBOR, FL 34687

3. Date Formed or Registered: 04/25/70

3a. Date of Last Report: 01/16/96

4. State or Country of Formation: CA

5a. Capital Contributions as Shown on Record: $204,200

5b. Amount of Capital Contributions in FLORIDA to date: $204,200

2. Mailing Address	**2a.** Principal Office Address
Suite, Apt. #, etc	Suite, Apt. #, etc
City & State	City & State
Zip Country	Zip Country

6. FEI Number: 94-2752318 ☐ Appl'ed For ☐ Not Applicable

7. Certificate of Status Desired ☐ **$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	**10.** If changed, new Registered Agent/Office
AHRENS, HARA 531 EAST OAKLAND PARK BLVD. OAKLAND PARK, FL 33334	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) X Hara E. Ahrens DATE X 12-13-96

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.** Registration Document Number
NEPTUNE MANAGEMENT CORP	1721 W. MAGNOLIA BLVD.	BURBANK, CA 91506	P27177

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-12/27/96--01073--004
****576.25 ****576.25

CR2E003 (6/96)

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 X Emanuel Weintraub GP DATE X 12/10/96

Typed or Printed Name of General Partner Signing Form: EMANUEL WEINTRAUB

Daytime Telephone Number: (818) 845-2415