

**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 MAR -6 PM 12: 55



1. Name of Limited Partnership CENPO, LTD.	1a. DOCUMENT # A30610
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Mailing Address % GMH ASSOCIATES, INC. 353 W. LANCASTER AVE. SUITE 210 WAYNE PA 19087	Principal Office Address % GMH ASSOCIATES, INC. 353 W. LANCASTER AVE. SUITE 210 WAYNE PA 19087	3. Date Formed or Registered 09/19/1990	5a. Capital Contributions as Shown on record \$7,500.00
2. Mailing Address Suite, Apt. #, etc. City & State Zip Country	2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country	3a. Date of Last Report 11/21/1995	5b. Amount of Capital Contributions in FLORIDA to date: 0
		4. State or Country of Formation FL	
		6. FEI Number 23-2623646	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
		7. Certificate of Status Desired <input checked="" type="checkbox"/>	\$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 POWELL, WILLIAM 1665 PALM BEACH LAKES BOULEVARD SUITE 610 WEST PALM BEACH FL 33401	10. If changed, new Registered Agent/Office Name Peggy Lawrence Street Address (R.F. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code
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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) Peggy Lawrence DATE 12/16/96

**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) GMH CENPO, INC. <i>merged filed 9/13/95</i>	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 353 W. LANCASTER AVE.	11b. City, State & Zip Code WAYNE PA	11c. Registration/Document Number P40913
400002106734--9 -03/07/97--01006--007 *****200.00 *****200.00 <i>dec cus 200.00</i>			

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 690, Florida Statutes.

SIGNATURE Robert D. Lusepp *dest Secretary for GMH CENPO, Inc. (9/96)* DATE 12/13/96

Typed or Printed Name of General Partner Signing Form Robert D. Lusepp Daytime Telephone Number 610-687-6321