

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

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED PARTNERSHIP ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra Mortham Secretary of State DIVISION OF CORPORATIONS
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1. Name of Limited Partnership MUBEN-LAMAR, L.P., LTD.	1a. DOCUMENT # A31420
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97-AR
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2. Mailing Address 365 SOUTH STREET MORRISTOWN NJ 07960	2a. Principal Office Address 365 SOUTH STREET MORRISTOWN NJ 07960	3. Date Formed or Registered 04/11/1991	5a. Capital Contributions as Shown on record. \$22,890,391.00
Suite, Apt. #, etc.	Suite, Apt. #, etc.	3a. Date of Last Report 03/08/1996	5b. Amount of Capital Contributions in FLORIDA to date.
City & State	City & State	4. State or Country of Formation NJ	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
Zip Country	Zip Country	6. FEI Number 22-3083938	7. Certificate of Status Desired <input 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 DEAS, WILLIAM J., ESQ. 2215 RIVER BOULEVARD, SUITE 606 JACKSONVILLE FL 32204	10. If changed, now Registered Agent/Office Name Street Address (P.O. 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) _____ 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)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/Document Number
METRO JV, INC.	520 BROAD STREET	NEWARK NJ 07102	F94000002853
LAMAR-EASTERN, L.P.	365 SOUTH STREET	MORRISTOWN NJ	A31318

900002012079--7
-11/22/96-01021--027
***576.25 ***576.25

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  Typed or Printed Name of General Partner Signing Form: Mark Mahony	DATE October 31, 1996 Daytime Telephone Number 201-481-8856
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CR2E003 (6/96)