

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

SECRETARY OF STATE
DIVISION OF CORPORATIONS


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LIMITED PARTNERSHIP ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra Mortham Secretary of State DIVISION OF CORPORATIONS	
1. Name of Limited Partnership FLORIDA SHOREWOOD LIMITED PARTNERSHIP		1a. DOCUMENT # A31659			
Mailing Address 380 UNION STREET WEST SPRINGFIELD MA 01089		Principal Office Address 380 UNION STREET WEST SPRINGFIELD MA 01089			
2. Mailing Address Suite, Apt. #, etc. City & State Zip Country		2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country			

3. Date Formed or Registered 06/10/1991	5a. Capital Contributions as Shown on record \$1,000.00
3a. Date of Last Report 10/09/1995	5b. Amount of Capital Contributions in FLORIDA to date 1,000.00
4. State or Country of Formation MA	
6. FEI Number 06-1323278	
7. Certificate of Status Desired <input type="checkbox"/> Applied For <input checked="" 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 C T CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City State 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) NEPSA PROP. INV., INC.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 380 UNION STREET	11b. City, State & Zip Code W. SPRINGFIELD MA	11c. Registration/Document Number P34379
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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

Jeremy Pava
 Typed or Printed Name of General Partner Signing Form
 Jeremy Pava

DATE

10/2/96

Daytime Telephone Number

(413) 281-0734 x322

CR2E003 (6/96)