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 96 SEP 13 AM 8: 40

1. Name of Limited Partnership 1a. DOCUMENT # A31713			(1 100)(11 6 (6)) 0 (0)	. 81811 81911 81811 91911 1881			
OF TAMPA, LIMITE	D PARTNERS	1 1881/01/1008 11/01/1008/	######################################	. 8 1841 818 11 81844 818 41 188			
	601 CLEARWATER PARK RD.		5a. Capital Contributions as Shown on record \$4,912,494.97 5b. Amount of Capital Contributions in FLOR DA				
WEST PALM BEACH FL 33401 WEST PALM BEACH FL		3a. Date of Last Report 11/27/1995					
2a. Principal Office Ad	ddress	4. State or Country of Formation	to da'e	to da'e			
Suite, Apt. #, etc.		6. FEI Number 59-3075825		Applied For Not Applicable			
City & State		7. Certificate of Status Desired		\$8.75 Additional			
Country Z _I p		8. Make check payable to Dept	Required 8. Make check payable to Dept of State (Sou reverse side for fee information).				
of Current Registered Agent		10. If changed, new Register	ed Agent/Office				
9. Name and Address of Current Registered Agent PAXSON, LOWELL W.			Name				
	Street Addre						
PALM BEACH FL 33480			######################################	1311131.2 089008			
	City	AND AND ADDRESS OF THE AND ADDRESS OF THE AND ADDRESS OF THE ADDRE					
d office or registered agent, or both, in the obligations of section 620 192, Florida State	State of Florida Such char lutes	ge was authorized by its general partner(s). The DATI	ereby accept the a	ppointment of registere			
THAT IS A CORPORAT MUST BE REGISTERE	TION, LIMITED ED AND ACTIV	PARTNERSHIP OR OTH E WITH THIS OFFICE.	ER BUSIN	IESS ENTITY			
11a. (Do NOT Use P	ach General Partner ost Office Box Numbers)	11b. City, State & Zip Code	11c.	Registration/ Document Number			
PAXSON COMMUNICATIONS OF FLO 601 CLEARWATER		WEST PALM BEACH FL 33	P93000081697				
			Q	- Ng			
	Principal Office Address 601 CLEARWATER PAI WEST PALM BEACH F 2a. Principal Office Address 601 CLEARWATER PAI WEST PALM BEACH F 2a. Principal Office Address Suite, Apt. #, etc. City & State Zip col Current Registered Agent of Office or registered agent or both in the obligations of section 620 192, Florida State THAT IS A CORPORAT MUST BE REGISTERI 11a. (Do Not Use F	Principal Office Address SOF TAMPA, LIMITED PARTNERS Principal Office Address SOI CLEARWATER PARK RD. WEST PALM BEACH FL 33401 2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country Of Current Registered Agent Name Street Address Suite, Apt. # City That is a Corporation, Limited partner obligations of section 620 192, Florida Statutes THAT IS A CORPORATION, LIMITED MUST BE REGISTERED AND ACTIVATION 11a. (DO NOT Use Fost Office Box Numbers)	A31713 Principal Office Address 601 CLEARWATER PARK RD. WEST PALM BEACH FL 33401 28. Principal Office Address Suite, Apt. #, etc City 8 State Zip Country 10. If changed, new Register Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc City That Is A CORPORATION, LIMITED PARTNERSHIP OR OTH MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. 118. (po A)Gloss of Fact General Fact Suite Box Numbers Date of Last Report 11/27/1995 4. State or Country of Format on F. F. Certif cate of Status Desired 8. Make check-payative to Dept To Uterent Registered Agent 10. If changed, new Register 10 of Country of Format Acceptable) City That Is A CORPORATION, LIMITED PARTNERSHIP OR OTH MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. 110. City, State 8 Zip Code	A31713 SOF TAMPA, LIMITED PARTNERSHI Principal Office Address 601 CLEARWATER PARK RD. WEST PALM BEACH FL 33401 2a. Principal Office Address Suite, Apt #, etc. City & State Zip Country To Country To Country 10. It changed, new Registered Agent Clay Street Address (P.O. Box Number is Not Acceptable) Suite, Apt #, etc. City 10. It changed new Registered Agent Clay Street Address (P.O. Box Number is Not Acceptable) City Suite, Apt #, etc. City That I S A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSIN MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. 11a. (Do Night of Fart Office Box Numbers) 11b. City State 8 Zip Code 11c.			

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 Frelease 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 fixeurate and that my signature shall have the same legal effects as if made under oath. I further certily that I am a General Partner of the limited partnership, receiver or trusted
	empowered to execute this feghri as/fe/fured by chapter fi20, Flor ha Statutes
SIC	this annual report is true and lice under partner of the limited partnership, receiver or trustice empowered to execute this ferfurt as supplied by chapter 620. Fig. ta Statutes SNATURE DATE TIO 1916
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Typed or Printed Name of General Partner Signing Form WILLIAM L. WATSON, SECRETIVEY Daytime Telephone Number (SVI) 659-4188

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