

**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 JAN -2 PM 3:49



1. Name of Limited Partnership

1a. DOCUMENT #
A32324

CLINTON HOUSE COMPANY LTD.

Mailing Address
C/O REALTY MANAGEMENT CO.
P.O. BOX 11229
KNOXVILLE TN 37839

Principal Office Address
C/O REALTY MANAGEMENT CO.
P.O. BOX 11229
KNOXVILLE TN 37839

3. Date Formed or Registered
12/11/1991

5a. Capital Contributions as
Shown on record
\$380,000.00

3a. Date of Last Report
12/04/1995

5b. Amount of Capital
Contributions in FLORIDA
to date:

4. State or Country of Formation
NY

2. Mailing Address

2a. Principal Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

6. FEI Number
13-2589936 Applied 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

~~LEVIN, LEONARD~~
~~1700 W. FLETCHER AVENUE~~
~~TAMPA FL 33612~~

Name **Clifford C. Walters**
Street Address (P.O. Box Number is Not Acceptable)
802 11th Street West
Suite, Apt. #, etc.
City **Bradenton** FL Zip Code **34205**

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) *[Signature]*

DATE

12-12-96

**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

LEVINE, ABNER

16858 RIVER BIRCH CIR

DELRAY BEACH FL

~~LEVIN, LEONARD~~

~~7640 N. LOCKWOOD RIDG~~

~~SARASOTA FL~~

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dec 876.25

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

Abner Levine

DATE

12/29/96

Typed or Printed Name of General Partner Signing Form

Abner Levine

Daytime Telephone Number

561-498-1500

CFR2E003 (6/96)