

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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
96 DEC 20 AM 10:41

LIMITED PARTNERSHIP ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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<b>1.</b> Name of Limited Partnership  SALISBURY I FINANCING PARTNERSHIP, LTD.	<b>1a.</b> DOCUMENT # <b>A32529</b>
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<b>Mailing Address</b> 2235 SHEPPARD AVENUE EAST #904 WILLOWDALE, ONTARIO, CANADA M2J-5B5	<b>Principal Office Address</b> P.O. BOX 1129 WILLIAMSVILLE NY 14231-1129
<b>2.</b> Mailing Address	<b>2a.</b> Principal Office Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

<b>3.</b> Date Formed or Registered 01/31/1992	<b>5a.</b> Capital Contributions as Shown on record. <b>\$2,400,000.00</b>
<b>3a.</b> Date of Last Report 12/28/1995	
<b>4.</b> State or Country of Formation FL	<b>5b.</b> Amount of Capital Contributions in FLORIDA to date. <b>2,400,000.00</b>
<b>6.</b> FEI Number 16-1419247	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
<b>7.</b> Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
<b>8.</b> Make check payable to: Dept. of State (See reverse side for fee information)	

<b>9. Name and Address of Current Registered Agent</b>
KOLODY, STEPHEN G. 2000 MAIN STREET, SUITE 500 FT. MYERS, FL FL 33901

<b>10. If changed, new Registered Agent/Office</b>
Name
Street Address (P.O. Box Number Is Not Acceptable)
Suite, Apt. #, etc.
City
FL
Zip Code

**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.**

<b>11.</b> Name(s) of General Partner(s)	<b>11a.</b> Address of Each General Partner (Do NOT Use Post Office Box Numbers)	<b>11b.</b> City, State & Zip Code	<b>11c.</b> Registration/Document Number
SALISBURY I FINANCNG CORP	2235 SHEPPARD AVE. E.	WILLOWDALE, CANADA	V09579
1 00002042071 --6 -12/31/96--01054--004 ****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  DATE 12-18-96  
 Typed or Printed Name of General Partner Signing Form **RON BERNBUM, PRESIDENT SALISBURY I FINANCING CORP** Number **416-499-2711**

CR2E003 (6/96)