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

4			
1.	Name of	Limited	Partnership

A32631

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

96 DEC	12 P	1 3: 43	

SHAMBHALA NOTTINGHAM LIMITED PARTNERSHIP				T HORSON (BOOK THIS TURIS BUILS TURD) HEN BURK GERK DIGN) DEDIT SERVE DEGIT SERVE DEGIT SERVE DEGIT SERVE DEGIT SERVE		
Mailing Address C/O SHAMBHALA CORPROATION 4201 N. OCEAN DRIVE HOLLYWOOD FL 33019 Principal Office Address C/O SHAMBHALA CORPROAT 4201 N. OCEAN DRIVE HOLLYWOOD FL 33019		ION	3. Date Formed or Registered 02/28/1992	5a. Capital Contributions as Shown on record.		
					5b. Amount of Capital	
				4. State or Country of Formation	5b. Amount of Capital Contributions in FLORIDA to date:	
Mailing Address		2a. Principal Office Address		FL		
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		Applied For	
City & State		City & State	····		Not Applicable	
Zip	Country	Zip	Country	7. Certificate of Status Desired	\$8.75 Additional Fee Required	
				8. Make check payable to: Dept	of State (See reverse side for fee information	
	Name and Address of Co	urrent Registered Agent		10. If changed, new Register	ed Agent/Office	
PASSALACQUA	JOHN		Name			
4201 NORTH O	CEAN DRIVE, #605		Street Addre	Street Address (P.O. Box Number Is Not Acceptable)		
HOLLYWOOD FL 33019		Suite, Apt. #, etc.				
			City Zip Code			
10a. Pursuant to the	provisions of sections 620.10	51 and 620.192. Florida Statutes, the above-na	med limited partne	ership organized or registered under the laws of	FL the State of Florida, submits this statemen	
for the purpose	of changing its registered off			ige was authorized by its general partner(s). I he		
	Agent Accepting Appointme	lad Day	alace	LIK DAT	12.9.96	
	L PARTNER TH		LIMITAD ND ACTIV	PARTNERSHIP OR OTH		
11. Name(s) of G	Seneral Partner(s)	11a. (Do NOT Use Past Office		11b. City, State & Zip Code	11c. Registration/ Document Number	
SHAMBHALA (CORPORATION	4201 N. OCEAN DR.,	#6	HOLLYWOOD FL	M82312	
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12. tdo hereby certify that the information supplied with this filling 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

Typed or Printed Name of Gogeral Partner Signing Form

PASSAIACQUA

Daytime Telephone Number 954-935 0319

DATE 12.9.96