

**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 NOV 18 PM 12:07

HC 11/25



1. Name of Limited Partnership
1a. DOCUMENT #
A32884

RICHARDS & ASSOCIATES, LTD. 92-2, A CALIFORNIA LIMITED PARTNERSHIP

| | |
|--|---|
| Mailing Address 1029 STATE STREET SANTA BARBARA CA 93101 | Principal Office Address 1029 STATE STREET SANTA BARBARA CA 93101 |
| 2. Mailing Address | 2a. Principal Office Address |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip Country | Zip Country |

| | |
|---|---|
| 3. Date Formed or Registered 04/28/1992 | 5a. Capital Contributions as Shown on record. \$1,600,000.00 |
| 3a. Date of Last Report 09/29/1995 | 5b. Amount of Capital Contributions in FLORIDA to date: |
| 4. State or Country of Formation CA | |
| 6. FEI Number 77-0306101 | <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable |
| 7. Certificate of Status Desired | <input type="checkbox"/> \$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

TANEN, JEFFREY S.
ONE BISCAYNE TOWER, SUITE 3250
TWO SOUTH BISCAYNE BOULEVARD
MIAMI FL 33131

10. If changed, new Registered Agent/Office

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.**

| 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 |
|-----------------------------------|---|-----------------------------|---|
| RICHARDS, MAURICE F. | 1029 STATE STREET | SANTA BARBARA CA 93101 | 200002014622--9 -11/26/96--01113--019 ****576.25 ****576.25 |
| RICHARDS, STANTON | 1029 STATE STREET | SANTA BARBARA CA 93101 | |
| RICHARDS, RHOELLE | 1029 STATE STREET | SANTA BARBARA CA 93101 | |

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 Stanton Richards DATE 11/13/96
Typed or Printed Name of General Partner Signing Form Stanton Richards Daytime Telephone Number (805) 963-6688

CR2E003 (6/96)