


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 DEC 18 PM 2:13	
1. Name of Limited Partnership		1a. DOCUMENT # A33262			
STATE ROAD 200 ASSOCIATES, LTD.					
Mailing Address 2801 S.W. COLLEGE ROAD, SUITE 18 OCALA FL 34474		Principal Office Address P.O. BOX 740180 OCALA FL 34478		3. Date Formed or Registered 08/03/1992	
				5a. Capital Contributions as Shown on record. \$359,900.00	
				5b. Amount of Capital Contributions in FLORIDA to date \$359,900	
2. Mailing Address		2a. Principal Office Address		3a. Date of Last Report 01/26/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. State or Country of Formation FL	
City & State		City & State		6. FEI Number 59-3141027 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Zip Country		Zip Country		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 THE MANAGEMENT GROUP OF OCALA, INC. 2801 S.W. COLLEGE ROAD SUITE 18 OCALA FL 34474		10. If changed, new Registered Agent/Office	
		Name	
		Street Address (P.O. Box Number Is Not Acceptable)	
		Suite, Apt. #, etc.	
		City	Zip Code
FL			
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
THE MANAGEMENT GROUP OF OCAL	2801 SW COLLEGE ROAD	OCALA FL	M33029
700002041097--6 -12/30/96--01040--017 ****585.00 ****585.00			

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.

The Management Group of Ocala, Inc. - corporate general partner

SIGNATURE _____ DATE **12/16/96**
Typed or Printed Name of General Partner Signing Form **Jerome E. Glassman - President** Daytime Telephone Number **352/237-1186**

CR2E003 (6/96)