FILE ON OR BEFORE DE WILL BE SUBJECT TO R	CEMBER 31, 1996 OR PARTI EVOCATION AND <u>\$500 PENA</u>	NERSHIP LTY FEE	en eo	
LIMITED PARTNERSHIP ANNUAL REPORT 1997	FLORIDA DEPARTMENT OF STATE Sandra Mortham Secretary of State DIVISION OF CORPORATIONS		GE SEP 16 PM 1:	
1. Name of Limited Partnership	1a. DOCUMENT # A33581			
VALRICO PARTNERS, L.P.,	LTD.			
			3. Date Formed or Registered	5a. c. (is as
Mailing Address 260 HIGHWAY 35	Principal Office Address 280 HigHWAY 35		10/23/1992	Sh
MIDDLETOWN NJ 07701 MIDDLETOWN NJ 0770			3a. Date of Last Report 10/02/1995	5b. Amount of Capital Control of FLORIDA
2. Mailing Address	2a. Principal Office Address		4. State or Country of Formation	Contributions in FLORIDA to date:
Suite, Apt. #, etc. City & State	Suite, Apt. #, etc. City & State		6. FEI Number 22-3 192858	Applied For Not Applicable
City o State			7. Certificate of Status Desired	\$8.75 Additional Fee Required
Zip Country	Zip	Country	8. Make check payable to: Dept.	of State (See reverse side for fee information
9. Name and Address of C	Current Registered Agent	<u> </u>	10. If changed, new Register	red Agent/Office
COOLEY, PAUL		Name		
1479 S. BELCHER ROAD (SCMG)		Street Addres	ss (P.O. Box Number Is Not Acceptable)	
SUITE X LARGO FL 34641		Suite, Apt. #, etc.		
		City FL Zip Code		
agent. I am familiar with, and accept the obl	fice or registered agent, or both, in the State of igations of section 620.192, Florida Statutes.	Florida. Such chang	je was authorized by its general partner(s). I he	ereby accept the appointment of registered
A GENERAL PARTNER TH	IAT IS A CORPORATION IUST BE REGISTERED A			ER BUSINESS ENTITY
11. Name(s) of General Partner(s)	11a. (Do NOT Use Post Offic	neral Partner e Box Numbers)	11b. City, State & Zip Code	11c. Registration/ Document Number
TNG VALRICO CORP.	280 HIGHWY 35		MIDDLETON NJ	P40910
			ينسر ينسي	

600001951226 -09/19/95--01023--008 ****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 any accurate and that my signature shall have the same legal effects as if inlied under cett, I further certify that I am a General Partner of the limited partnership, acceiver or trustee empowered to execute this leport as required by chapter 620, Florida Statutes. DUFFY JR Daytime Telephone Number 908-842-0559 SIGNATURE.

JAMES

Typed or Printed Name of Gen

CR2E003 (6/96)