

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

97 JAN -2 AM 9: 12



1. Name of Limited Partnership	1a. DOCUMENT # A92000000154
BOULEVARD NURSERY PROPERTY INVESTMENTS, LTD.	

Mailing Address 18167 U.S. HWY 19 NORTH SUITE 660 CLEARWATER FL 34624		Principal Office Address 18167 U.S. HIGHWAY 19 NORTH. SUITE 660 CLEARWATER FL 34624		3. Date Formed or Registered 12/14/1992	5a. Capital Contributions as Shown on record. \$99,000.00
				3a. Date of Last Report 02/13/1996	5b. Amount of Capital Contributions in FLORIDA to date:
2. Mailing Address		2a. Principal Office Address		4. State or Country of Formation FL	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		6. FEI Number 59-3169184	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
City & State		City & State		7. Certificate of Status Desired	<input type="checkbox"/> \$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 Current Registered Agent	10. If changed, new Registered Agent/Office
PARK RIDGE PROPERTY COMPANY 18167 U.S. HIGHWAY 19 NORTH, SUITE 660 CLEARWATER FL 34624 <i>NP 1/10</i>	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
PARK RIDGE PROPERTY COMPANY	18167 U.S. HIGHWAY 19	CLEARWATER FL 34624	V35031
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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 *Henry Anderson, Vice President - Finance* DATE *1/31/96*
Typed or Printed Name of General Partner Signing Form **PARK RIDGE** Daytime Telephone Number *813-536-5522*