

FILE ON OR BEFORE APRIL 9, 1997 TO AVOID REVOCATION
AND \$500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
97 APR 11 AM 9:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



1. Name of Limited Partnership B. PROJECT, LTD.		1a. DOCUMENT # A93000000313 <i>97-AR LM</i>	
Mailing Address 8486 N. LOCKWOOD RIDGE #313 SARASOTA FL 34243		Principal Office Address 8486 N. LOCKWOOD RIDGE #313 SARASOTA FL 34243	
2. Mailing Address Suite, Apt. #, etc. City & State Zip Country		2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country	
3. Date Formed or Registered 03/25/1993		5a. Capital Contributions as Shown on record. \$720,000.00	
3a. Date of Last Report 01/02/1996		5b. Amount of Capital Contributions in FLORIDA to date: 720,000.00	
4. State or Country of Formation FL		6. FEI Number 65-0408832 <input type="checkbox"/> Applied For <input checked="" 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 NICHOLAS-PHILLIPS, ARLENE C/O PHILLIPS PERSONAL FINANCIAL SERVICES 8486 N. LOCKWOOD RIDGE #313 SARASOTA FL 34243		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
BROWN, RONALD G BROWN, BEVERLY J	1610-A VERMONT DRIVE 1610-A VERMONT DRIVE	ELK GROVE VILLAGE IL ELK GROVE VILLAGE IL	500002146693--1 -04/17/97--01085--010 ****541.25 ****541.25

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 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

Beverly J. Brown Ronald G. Brown DATE **4-8-97**

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

CR2E003 (11/96)