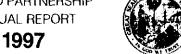
FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

96 DEC 23 PM 1: 10

	"A9300000478"			
EWPORT PLACE ASSOC	IATES, LTD.		1941 4611 4717 9171 9441 9144 1814 1814 18	
ailing Address 4735 NW 7TH COURT	Principal Office Address 4735 NW 7TH COURT	3. Date Formed or Registered 05/05/1993	5a. Capital Contributions as Shown on record \$1,980,000.00 5b. Amount of Capital Contributions in FLORIDA	
Antana Fl 33462	LANTANA FL 33462	3a. Date of Last Report 12/12/1995		
. Mailing Address	2a. Principal Office Address	4. State or Country of Formation	to date:	
suite, Apt. #, etc.	Suite, Apt. #, etc.	6. FEI Number 39-3179077	Applied For Not Applicable	
City & State	City & State	7. Certificate of Status Desired	7. Certificate of Status Desired \$8.75 Additional	
Zip Country	Zip Country	8. Make check payable to: Dept.	Fee Required of State (See reverse side for fee information	
9. Name and Address of	Current Registered Agent	10. If changed, new Registe	red Agent/Office	
CLIFTON, BRAD H -4735 NW 7TH COURT LANTANA FL 33462		Name Street Address (P.O. Box Number Is Not Acceptable) Suite Apt. #, etc.		
•	City	<u></u>	Zip Code	
for the purpose of changing its registered agent. Fam familiar with and accept the o	1051 and 620-192, Florida Statutes, the above-named limited politice or registered agent, or both, in the State of Florida Such obligations of section 620,192, Florida Statutes	change was authorized by its general partner(s). I h		
A GENERAL PARTNER T	neril) . HAT IS A CORPORATION, LIMITE MUST BE REGISTERED AND AC	ED PARTNERSHIP OR OTH TIVE WITH THIS OFFICE.		
IGNATURE (Registered Agent Accepting Appoint A GENERAL PARTNER T 1. Name(s) of General Partner(s)	HAT IS A CORPORATION, LIMITE	D PARTNERSHIP OR OTH TIVE WITH THIS OFFICE.		
A GENERAL PARTNER T	HAT IS A CORPORATION, LIMITE MUST BE REGISTERED AND AC	D PARTNERSHIP OR OTH TIVE WITH THIS OFFICE.	ER BUSINESS ENTIT	

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 eath. 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.

Typed or Printed Name of General Partner Signing Form

200 Ma DATE 12/18/96
Daytime Telephone Number 561/586-6455