

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

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1. Name of Limited Partnership	1a. DOCUMENT # A93000000939
SU CASA, LTD.	

Mailing Address 7900 GLADES ROAD, SUITE 420 BOCA RATON FL 33434		Principal Office Address 7900 GLADES ROAD, SUITE 420 BOCA RATON FL 33434		3. Date Formed or Registered 09/14/1993	5a. Capital Contributions as Shown on record. \$5,700,000.00
				3a. Date of Last Report 12/28/1995	
2. Mailing Address		2a. Principal Office Address		4. State or Country of Formation FL	5b. Amount of Capital Contributions in FLORIDA to date: 5,700,000.00
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip Country		Zip Country		6. FEI Number 65-0436430	<input type="checkbox"/> Applied For <input 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	10. If changed, new Registered Agent/Office
DICKENSON, DAVID B ESQ. 980 NORTH FEDERAL HIGHWAY, SUITE 410 BOCA RATON FL 33432	Name TOPPEL, JONATHAN
	Street Address (P.O. Box Number is Not Acceptable) 7900 GLADES ROAD
	Suite, Apt. #, etc. SUITE 420
	City BOCA RATON
	FL Zip Code 33434

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

12/29/96

**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
TOPP-HILL FARMS, INC.	7900 GLADES ROAD, SUITE 420	BOCA RATON FL 33434	S51867
600002048336--2 -01/07/97--01093--012 ***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 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

DATE

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

(561) 451-4696