

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 Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

96 SEP 16 AM 9:51



1. Name of Limited Partnership
SLD ATLANTIC PLAZA, LTD.

1a. DOCUMENT #
A93000000974

2. Mailing Address 710 LAKE DRIVE BOCA RATON FL 33432	2a. Principal Office Address ATLANTIC PLAZA 777 E ATLANTIC AVE DELRAY BEACH FL 33483
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

3. Date Formed or Registered 09/24/1993	5a. Capital Contributions as Shown on record \$1,000.00
3a. Date of Last Report 10/02/1995	5b. Amount of Capital Contributions in FLORIDA to date: 1000.00
4. State or Country of Formation FL	6. FEI Number 65-0445240 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
7. Certificate of Status Desired <input checked="" 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

DOUGHERTY, STEPHEN L
878 NE 76TH STREET 710 LAKE DRIVE
BOCA RATON FL 33432 33432

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) SLD PROPERTIES, INC.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 710 LAKE DR	11b. City, State & Zip Code BOCA RATON FL 33432	11c. Registration/Document Number V68310 100001953851 -09/23/86--01035--003 ***200.00 ***200.00 97/dus kin
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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 go 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 *St Douglas, SLD Properties, as Genl Partner* DATE *9/19/96*
Steve DOUGHERTY
Typed or Printed Name of General Partner Signing Form _____ Daytime Telephone Number *407 347 8142*

CR2E003 (6/96)