



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

<b>LIMITED PARTNERSHIP ANNUAL REPORT 1997</b>		 <p>FLORIDA DEPARTMENT OF STATE <b>Sandra Mortham</b> Secretary of State DIVISION OF CORPORATIONS</p>		<p><b>FILED SECRETARY OF STATE DIVISION OF CORPORATIONS</b></p> <p><b>95 DEC 31 PM 3:11</b> #116</p> 	
<b>1. Name of Limited Partnership</b>  <b>ADVANCED AFFORDABLE MARINER, LTD.</b>		<b>1a. DOCUMENT #</b> <b>A93000001321</b>			
<b>Mailing Address</b> % HERITAGE PARTNERS GROUP IX, INC. <del>101 GEORGE KING BLVD, STE 44</del> CAPE CANAVERAL FL 32920		<b>Principal Office Address</b> % HERITAGE PARTNERS GROUP IX, INC. <del>101 GEORGE KING BLVD, STE 44</del> CAPE CANAVERAL FL 32920		<b>3. Date Formed or Registered</b> 12/01/1993  <b>3a. Date of Last Report</b> 12/26/1995  <b>4. State or Country of Formation</b> FL	
<b>2. Mailing Address</b> 450 Challenger Road Suite, Apt. #, etc.  City & State  Zip Country		<b>2a. Principal Office Address</b> 450 Challenger Road Suite, Apt. #, etc.  City & State  Zip Country		<b>5a. Capital Contributions as Shown on record.</b> \$200.00  <b>5b. Amount of Capital Contributions in FLORIDA to date:</b>  <b>6. FEI Number</b> 65-0484238 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable  <b>7. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>  <b>8. Make check payable to: Dept. of State (See reverse side for fee information)</b>	

<b>9. Name and Address of Current Registered Agent</b>  POPP, GREGORY A ESQUIRE THE HERITAGE COMPANIES <del>101 GEORGE KING BLVD, SUITE 44</del> CAPE CANAVERAL FL 32920		<b>10. If changed, new Registered Agent/Office</b> Name  Street Address (P.O. Box Number is Not Acceptable) 450 Challenger Road Suite, Apt. #, etc.  City <b>FL</b> Zip Code	
<b>10a.</b> 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 <b>December 19, 1996</b>			
<b>A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b>			
<b>11. Name(s) of General Partner(s)</b>  HERITAGE PARTNERS GROUP IX,  ADVANCED HOUSING CORPORATION  SOLUTIONS-MARINER, INC,	<b>11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)</b>  <del>101 GEORGE KING BLVD</del> 1840 CORAL WAY, SUITE 1840 CORAL WAY, SUITE  450 Challenger Road	<b>11b. City, State &amp; Zip Code</b>  CAPE CANAVERAL FL 3292  MIAMI FL 33145  MIAMI FL 33145	<b>11c. Registration/Document Number</b>  P94000024756  P94000044490  P94000070005  <b>300002049563--3</b> -01/07/97--01183--002 *****208.75 *****208.75

**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