- 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

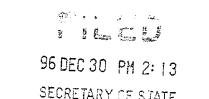
Sandra Mortham

Secretary of State
DIVISION OF CORPORATIONS

1. Name of Limited Partnership

^{1a.} A94000000015

GROSVENOR PARK I LIMITED PARTNERSHIP



_SECRE	TARY OF	STATE	

Malling Address 2401 PGA BLVD.		Principal Office Address 2401 PGA BLVD.	•		5a. Capital Contributions as Shown on record. \$10.00	
•					5b. Amount of Capital Contributions in FLORIDA	
		in the second		4. State or Country of Formation	Contributions in FLORIDA to date.	
2. Mailing A	ddress	2a. Principal Office Addres	2a. Principal Office Address		\$10.00	
Suite, Apt. #, 6	eto.	Suite, Apt. #. etc.	Suite, Apt. #. etc.		Applied For Not Applicable	
City & State		City & State	City & State			
Zip	Country	Zip Country		7. Certificate of Status Desired	\$8.75 Additional Fee Required	
Zip Country		2.5	ZD Country		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			
HAMILTON, THOMAS 2401 PGA BLVD. SUITE 280 PALM BCH. GARDENS FL 33410		Name				
		Street Address (P.O. Box Number Is Not Acceptable)				
		Suite, Apt. #, etc.				
			City	City FL Zip Code		
for the ;	ourpose of changing its registered offic			o organized or registered under the laws of t as authorized by its general partner(s). I her		
	gistered Agent Accepting Appointmen			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(s) of General Partner(s)	11a. (De NOT Use Post Off			11c. Registration/	

 11.
 Name(s) of General Partner(s)
 11a. (p. Address of Searn General Partner(s)
 11b. City. State 8 Zip Code
 11c. Registration/ Document Number

 HALMISH MANAGEMENT CORPORATI
 2401 PGA BLVD. STE. 2
 PALM BCH GARDENS FL 3
 P34894

 Image: Post Office Box Numbers
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 P34894

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 PALM BCH GARDENS FL 3
 P34894

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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 do hereby certify that the information supplied with this filling 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 cath, i further certify that than a General Partner of the limited partnership, receiver or trustate empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

In Smith

__ DATE 12/11/96______

CR2E003 (6/96