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

97 JAN -9 PM 2:06

1. Name of Limited Partnership

TAMPA BAY DEVIL RAYS, LTD.

1a. DOCUMENT #
A94000001087

Mailing Address	Principal Office Address
THE THUNDERDOME. ATTN: VINCENT J. NAIMOLI ONE STADIUM DRIVE ST. PETERSBURG FL 33705	THE THUNDERDOME. ATTN: VINCENT J. NAIMOLI ONE STADIUM DRIVE ST. PETERSBURG FL 33705

3. Date Formed or Registered: 08/10/1994

3a. Date of Last Report: 01/26/1996

4. State or Country of Formation: FL

5a. Capital Contributions as Shown on record: $82,000,000.00

5b. Amount of Capital Contributions in FLORIDA to date:

2. Mailing Address	**2a.** Principal Office Address
TROPICANA FIELD	TROPICANA FIELD
Suite, Apt. #, etc.: One Stadium Drive	Suite, Apt. #, etc.: One Stadium Drive
City & State: St Petersburg FL	City & State: St. Petersburg FL
Zip: 33705 Country: Pinellas	Zip: 33705 Country: Pinellas

6. FEI Number: 59-3300424 ☐ Applied For ☐ Not Applicable

7. Certificate of Status Desired ☐ **$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
HIGGINS, JOHN P THE THUNDERDOME ONE STADIUM DR. ST. PETERSBURG FL 33705	Name: John P. Higgins Street Address (P.O. Box Number Is Not Acceptable): Tropicana Field Suite, Apt. #, etc.: One Stadium Drive City: St. Petersburg FL Zip Code: 33705

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) John P. Higgins DATE 11-22-96

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
NAIMOLI BASEBALL ENTERPRISES	~~THE THUNDERDOME, ONE~~ TROPICANA FIELD ONE STADIUM DRIVE	ST. PETERSBURG FL ~~337~~ 33705	P93000032192

000000205488D---1
-01/10/97--01112--024
****578.25 ****578.25

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 [signature] DATE 11-22-96

Typed or Printed Name of General Partner Signing Form: VINCENT J NAIMOLI, PRESIDENT Daytime Telephone Number: (813) 825-3187

CR2E003 (6/96)

0008352