

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

FILED

95 OCT 14 PM 1:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

LIMITED PARTNERSHIP  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

1. Name of Limited Partnership  SHADY RUN, LTD.	1a. DOCUMENT # A94000001287  97-AR Jus CM
---	--



Mailing Address 3538 N. HARBOR CITY BLVD. MELBOURNE FL 32935	Principal Office Address 3538 N. HARBOR CITY BLVD. MELBOURNE FL 32935	3. Date Formed or Registered 09/22/1994	5a. Capital Contributions as Shown on record \$990.00
2. Mailing Address	2a. Principal Office Address	3a. Date of Last Report 02/26/1996	5b. Amount of Capital Contributions in FLORIDA to date
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. State or Country of Formation FL	
City & State	City & State	6. FEI Number 59-3268213	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip Country	Zip Country	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  PETRONI, DAVID F 3538 N. HARBOR CITY BLVD. MELBOURNE FL 32935	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)  CORNERSTONE PARTNERS XXIII, C.H.I.T. SHADY RUN, INC.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)  246 SEAVIEW STREET 3538 N. HARBOR CITY B	11b. City, State & Zip Code  MELBOURNE BEACH FL 32 MELBOURNE FL 32935	11c. Registration/ Document Number  P94000024084 P94000069973
--	---	--	---

700001991527--4  
-10/31/96--01007--007  
\*\*\*\*200.00 \*\*\*\*200.00

**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

David F. Petroni - President

Daytime Telephone Number

407-253-0053

CR2E003 (6/96)