

**FILE ON OR BEFORE APRIL 9, 1997 TO AVOID REVOCATION
AND \$500 PENALTY FEE**

FILED

97 APR 15 AM 10:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED PARTNERSHIP ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra Mortham Secretary of State DIVISION OF CORPORATIONS
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1. Name of Limited Partnership NORTH 56TH STREET OVENS, LTD.	1a. DOCUMENT # A94000001293 <i>97-AF LM</i>
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Mailing Address <i>2101 Greentree Rd Suite A113</i> SIX PPG PLACE, SUITE 1110 PITTSBURGH PA 15203 15220	Principal Office Address 11401 NORTH 30TH ST. TAMPA FL 33617
2. Mailing Address Suite, Apt. #, etc. City & State Zip Country	2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country

3. Date Formed or Registered 09/23/1994	5a. Capital Contributions as Shown on record. \$400,000.00
3a. Date of Last Report 01/08/1996	5b. Amount of Capital Contributions in FLORIDA to date:
4. State or Country of Formation FL	6. FEI Number 59-3270205 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
7. Certificate of Status Desired <input 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 C T CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION FL 33324	10. If changed, new Registered Agent/Office Name <i>Tom Geis</i> Street Address (P.O. Box Number is Not Acceptable) <i>273 Belleair Dr</i> Suite, Apt. #, etc. City <i>St. Petersburg</i> FL Zip Code <i>33704</i>
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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) *[Signature]*

DATE *4/18/97*

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) MANAGEMENT OVENS, INC.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) SIX PPG PLACE, SUITE <i>2101 Greentree Rd Suite A113</i>	11b. City, State & Zip Code PITTSBURGH PA 15203 15220 800002149688--2 -04/21/97--01159--016 *****541.25 *****541.25	11c. Registration/Document Number P03000082742
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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 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]*

Typed or Printed Name of General Partner Signing Form

Ovens, Management, Inc., G.P.

Pres. of G.P.

DATE *4/18/97*

Daytime Telephone Number

(412) 276-1666

CR2E003 (11/96)