


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

FILED

96 SEP 30 PM 3:41

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 DUNBAR ANDERSON LIMITED		1a. DOCUMENT # A95000000465 <i>97-AR CM</i>	
Mailing Address 5726 CORTEZ ROAD WEST, #347 BRADENTON FL 34210		Principal Office Address 232 EAST 49TH STREET <i>870 UN Plaza</i> NEW YORK NY 10017 <i>Apt 16D New York NY 10017</i>	
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 03/21/1995	
		3a. Date of Last Report 01/03/1996	
		4. State or Country of Formation FL	
		5a. Capital Contributions as Shown on record \$100.00	
		5b. Amount of Capital Contributions in FICR (A) to date:	
		6. FEI Number 65-0555795	
		<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 SCHULTZ, ROBERT ESQ 1101 NINTH AVENUE WEST BRADENTON FL 34205		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) MCLEAN, ROBERT GREER, BARBARA	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 232 E. 49TH ST. <i>870 UN Plaza Apt 16D</i> 5726 CORTEZ ROAD WEST	11b. City, State & Zip Code NEW YORK NY 10017 - 10017 BRADENTON FL 34210	11c. Registration/Document Number 700001588897 10/09/96-01033-015 ***191.25 ***191.25

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

Barbara Greer

Typed or Printed Name of General Partner Signing Form

Barbara Greer

DATE

9/21/96

Daytime Telephone Number

(212) 688-7694

CR2E003 (6/96)