

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 -6 PM 1:43

1. Name of Limited Partnership

1a. DOCUMENT #  
A95000000817

EAGLEVIEW ASSOCIATES LIMITED PARTNERSHIP



Mailing Address

C/O CARGILL FINANCIAL SERVICES CORP.  
6000 CLEARWATER DR.  
MINNETONKA MN 55343-9497

Principal Office Address

C/O CARGILL FINANCIAL SERVICES CORP.  
6000 CLEARWATER DR.  
MINNETONKA MN 55343-9497

3. Date Formed or Registered

05/30/1995

5a. Capital Contributions as Shown on record.

\$5,000,000.00

3a. Date of Last Report

04/09/1996

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

\$ 3,906,853

4. State or Country of Formation

FL

2. Mailing Address

2a. Principal Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. FEI Number

41-1810620

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

VALDES-FAULI CORPORATE SERVICES CORP.  
777 SOUTH FLAGLER DR.  
SUITE 500 EAST  
WEST PALM BEACH FL 33401

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)

EAGLEVIEW ASSOCIATES, L.C.

11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)

C/O 6000 CLEARWATER DRIVE

11b. City, State & Zip Code

MINNETONKA MN 55343-9497

11c. Registration/Document Number

L95000000409

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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

DATE 12/23/96

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number