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

1. Name of Limited Partnership

DOCUMENT #

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SECRETALOT OF STATE TALLAHASSEE, FLORIDA



		A950000	01219			
TROPICAL	MANOR PROPE	RTIES, LTD.			AN 8811 8811 8811 8811 8818 ANN 1181 1188 118 118	
Mailing Address 2237 S. ATLANTIC AVE. DAYTONA BEACH FL 32118		Principal Office Address 2237 S. ATLANTIC AVE. DAYTONA BEACH FL 32118		08/15/1995 \$7,500. 3a. Date of Last Report 01/03/1996 5b. Amount of Capital	5a. Capital Contributions as Shown on record. \$7,500.00 5b. Amount of Capital Contributions in FLORIDA	
2. Mailing Address		2a. Principal Office Address		4. State or Country of Formation	to date	
Suite, Apt. #, etc. Suite, Apt. #, etc.			6. FEI Number 59-3332348	App/lied For Not Applicable		
City & State	Country	City & State	Country	7. Certificate of Status Desired	\$8.75 Additional Fee Required	
Zip	Country	Zip	Country	8. Make check payable to: Dept. o	f State (See reverse side for fee information)	
	9. Name and Address of (Current Registered Agent		10. If changed, new Registere	ed Agent/Office	
DANDO, AUDREY E 2237 S. ATLANTIC AVE. DAYTONA BEACH FL 32118			Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt #, etc. City Zip Code			

108	. 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 saction 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) _

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. (Do NOT Use Post Office Box Numbers)	11b. City. State & Zip Code	11c. Document Number
TROPICAL MANOR MANAGEMENT, I	2237 S. ATLANTIC AVE.	DAYTONA BEACH FL 3211	P95000062730
•		with a major major major to increase.	Amount of the area
>		12/20/3 -12/20/3	125176 - 1 6-j61073- Uni
		*************************************	[[25] ****151.25

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 furthescertify 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. Unifier certify that I am a General Partner of IVe limited partnership, receiver or trusted empowered to execute this report as required by chapter 620, Fiorida Statutes.
	empowered to execute this report as required by chapter 620, Florida Statutes.

CR2E003 (6/96)