

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

FILED

96 DEC 16 PM 2:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



12/18

LIMITED PARTNERSHIP ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra Northam Secretary of State DIVISION OF CORPORATIONS
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1. Name of Limited Partnership TRI-STONE PARTNERS, LTD.	1a. DOCUMENT # A95000001572
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2. Mailing Address Mailing Address 5200 TOWN CENTER CIRCLE, 4TH FLOOR BOCA RATON FL 33486	2a. Principal Office Address Principal Office Address 5200 TOWN CENTER CIRCLE, 4TH FLOOR BOCA RATON FL 33486	3. Date Formed or Registered 10/20/1995	5a. Capital Contributions as Shown on record \$2,475.00
Suite, Apt. #, etc.	Suite, Apt. #, etc.	3a. Date of Last Report 01/23/1996	5b. Amount of Capital Contributions in FLORIDA to date
City & State	City & State	4. State or Country of Formation FL	
Zip Country	Zip Country	6. FEI Number APPLIED FOR 65-0618904	
		<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 MICHAEL ZUCKER C/O RAMM OF DAVE, INC., 5200 TOWN CENTER CIRCLE, SUITE 400 BOCA RATON FL 33486
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10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City	Zip Code FL
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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.

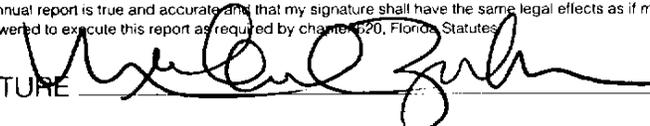
SIGNATURE (Registered Agent Accepting Appointment) _____ DATE _____

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) RAMM OF DAVE, INC.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 5200 TOWN CENTER CIRC	11b. City, State & Zip Code BOCA RATON FL 33486	11c. Registration/Document Number P95000080246
300002033699--7 -12/19/96--01047--002 ****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  DATE 11/19/96

Typed or Printed Name of General Partner Signing Form _____ Daytime Telephone Number _____

CR2E003 (6/96)