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

LIMITED PARTNERSHIP ANNUAL REPORT 1997

PLUMS PLAZA LIMITED PARTNERSHIP



FLORIDA DEPARTMENT OF STATE

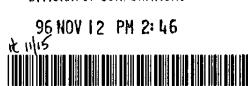
Sandra Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partnership

A96000000614

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS



Mailing Address 9504 N.W. 38TH STREET CORAL SPRINGS FL 33065	9504 N.W. 38T	Principal Office Address 9504 N.W. 38TH STREET CORAL SPRINGS FL 33065			3. Date Formed or Registered 03/28/1996	5a. Capital Contributions as Shown on record. \$229,194.43		
				3	<b>3a.</b> Date of Last Report			
					_	03/28/1996	5b. Amou Contr	int of Capital ibutions in FLORIDA
2 Mailing Address	2a. Principal C	2a. Principal Office Address			State or Country of Formation	\$225,849.53		
Suite, Apt. #, etc.		Suite, Apt. #, etc	Suite, Apt. #, etc.			6. FEI Number 65-0646736	Applied For Not Applicable	
City & State		City & State	City & State			<u>-</u>		
Zip Country		Zip Country			7	7. Certificate of Status Desired \$8.75 Additional Fee Required		
Σφ σ			,			8. Make check payable to Dept. of State (See reverse side for fee informati		
Q Nam	e and Address of Curren	t Registered Apent		- <sub>1</sub>		10. If changed, new Register	ed Agent/Office	
9. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY				Name				
1201 HAYS STREET		Robert 1 Szing Mors (Fr Suite, Apt #, etc.		<u></u>	T. Slatoff C/O Fromberg&Fromberg (Bo Box Numberls Not Acceptable) Biscayne Biva.			
TALLAHASSEE FL 32					Biscayne Bivu.			
			_	#50	5			Zin Codo
			1	C <sub>II</sub> y				717 0000
					tura		<u> </u>	7ір <sup>Соде</sup> 33180
for the purpose of chan	ns of sections 620 1051 ar ging its registered office o i, and accept the obligation	r registered agent, or bot	th in the State of Fio	od limited partne	ership organiz	ed or registered under the laws of rized by its general partner(s). I he	FL the State of Flor preby accept the	ida, submits this statemen
for the purpose of chan	ging its registered office o i, and accept the obligation	r registered agent, or bot	th in the State of Fio	od limited partne	ership organiz	ed or registered under the laws of rized by its general partner(s). The DAT	ereby accept the	ida, submits this statemen
for the purpose of chan agent. I am familiar with	ging its registered office on a manufacture of the obligation of t	r registered agent, or bot ns of section 920.192. Fi	III in the State of Flo orda Statutes.	od limited partnerda Such char	ership organiz nor was autho	rized by ils general partner(s). The	ereby accept the	ida, submits this statemen appointment of registere
for the purpose of chan agent. I am familiar with SIGNATURE (Registered Agent A	ging its registered office on, and accept the obligation Accepting Appointment) ARTNER THAT MUS	r registered agent, or bot ns of section 20.192. Fix IS A CORPO T BE REGIS	III in the State of Flo orda Statutes.	od limited partnerda Such char Such char SIMITED	ership organiz nor was autho	rized by ils goneral partner(s). The DAT  IERSHIP OR OTH	ereby accept the	ida, submits this stateme appointment of registere
for the purpose of chan agent. I am familiar with SIGNATURE (Registered Agent A A GENERAL PA	ging its registered office on a modern property of the obligation	IS A CORPO T BE REGIS  11a. (po No	in the State of Flood a Statutes.  DATION, I	imited partnered Such char LIMITED D ACTIV at Partner ox Numbers)	PARTN/E WITH	DAT IERSHIP OR OTH I THIS OFFICE.	ER BUSI	ida, submits this statement appointment of registered    4/96  NESS ENTITY  Registration/
for the purpose of chan agent. I am familiar with SIGNATURE (Registered Agent A GENERAL PA  11. Name(s) of General F  REITANO, JOSEPH A	ging its registered office on a modern property of the obligation	IS A CORPO T BE REGIS 11a. (Do NO	DEATION, I TERED AN Ites of Fach General TUSE Post Office B	imited partnered Such char Such char Such char District D	PARTN/E WITH	DAT IERSHIP OR OTH 1 THIS OFFICE. City, State & 7/p Code  AL SPRINGS FL 3306	ER BUSI	ida, submits this statenic appointment of registered 4/96 NESS ENTITY
for the purpose of chan agent. I am familiar with SIGNATURE (Registered Agent A GENERAL PA  11. Name(s) of General F	ging its registered office on a modern property of the obligation	IS A CORPO T BE REGIS 11a. (Do NO	III in the State of Flood a Statutes.  DEATION, ITERED AN  Iross of Fach General Use Post Office Bu	imited partnered Such char Such char Such char District D	PARTN/E WITH	DAT IERSHIP OR OTH 1 THIS OFFICE. City, State & Zip Code	ER BUSI	ida, submits this statemer appointment of registere 4/96 NESS ENTITY
for the purpose of chan agent. I am familiar with SIGNATURE (Registered Agent A GENERAL PA  11. Name(s) of General F  REITANO, JOSEPH A	ging its registered office on a modern property of the obligation	IS A CORPO T BE REGIS 11a. (Do NO	DEATION, I TERED AN Ites of Fach General TUSE Post Office B	imited partnered Such char Such char Such char District D	PARTN/E WITH	DAT IERSHIP OR OTH 1 THIS OFFICE. City, State & 7/p Code  AL SPRINGS FL 3306	ER BUSI	ida, submits this statement appointment of registered    4/96  NESS ENTITY  Registration/
for the purpose of chan agent. I am familiar with SIGNATURE (Registered Agent A GENERAL PA  11. Name(s) of General F  REITANO, JOSEPH A	ging its registered office on a modern property of the obligation	IS A CORPO T BE REGIS 11a. (Do NO	DEATION, I TERED AN Ites of Fach General TUSE Post Office B	imited partnered Such char Such char Such char District D	PARTN/E WITH	DAT IERSHIP OR OTH I THIS OFFICE. City, State & Zip Code AL SPRINGS FL 3306 AL SPRINGS FL 3306	ER BUSI	ida, submits this statement appointment of registered by the SENTITY Hegistration/ Document Number
for the purpose of chan agent. I am familiar with SIGNATURE (Registered Agent A GENERAL PA  11. Name(s) of General F  REITANO, JOSEPH A	ging its registered office on a modern property of the obligation	IS A CORPO T BE REGIS 11a. (Do NO	DEATION, I TERED AN Ites of Fach General TUSE Post Office B	imited partnered Such char Such char Such char District D	PARTN/E WITH	DAT IERSHIP OR OTH I THIS OFFICE. City, State & Zip Code AL SPRINGS FL 3306 AL SPRINGS FL 3306	ER BUSI	ida, submits this stateme appointment of registered LYL96 NESS ENTITY Registration/ Document Number
for the purpose of chan agent. I am familiar with SIGNATURE (Registered Agent A GENERAL PA  11. Name(s) of General F  REITANO, JOSEPH A	ging its registered office on a modern property of the obligation	IS A CORPO T BE REGIS 11a. (Do NO	DEATION, I TERED AN Ites of Fach General TUSE Post Office B	imited partnered Such char Such char Such char District D	PARTN/E WITH	DAT IERSHIP OR OTH 1 THIS OFFICE. City, State & Zip Code AL SPRINGS FL 3306 AL SPRINGS FL 3306	ER BUSI	ida, submits this statement appointment of registered by the SENTITY Registration/ Document Number
for the purpose of chan agent. I am familiar with SIGNATURE (Registered Agent A GENERAL PA  11. Name(s) of General F  REITANO, JOSEPH A	ging its registered office on a modern property of the obligation	IS A CORPO T BE REGIS 11a. (Do NO	DEATION, I TERED AN Ites of Fach General TUSE Post Office B	imited partnered Such char Such char Such char District D	PARTN/E WITH	DAT IERSHIP OR OTH 1 THIS OFFICE. City, State & Zip Code AL SPRINGS FL 3306 AL SPRINGS FL 3306	ER BUSI	ida, submits this statement appointment of registered by the SENTITY Hegistration/ Document Number

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 filling is voluntarily turnished 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 eath. 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.

Typed or Printed Name of General Partner Signing Form \_\_ HELEN REITANO

DATE 10/14/96

Daytime Telephone Number 954-983-6500