

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

*6862-1/Member*

**FILED**

97 JAN -2 PM 12: 04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*AK*

LIMITED PARTNERSHIP ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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1. Name of Limited Partnership  <b>THEATRE ASSOCIATES, LTD.</b>	1a. DOCUMENT # <b>A96000000616</b>
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Mailing Address <b>C/O BAY PLAZA EXECUTIVE CENTER 1290 PALM AVENUE SARASOTA FL 34236</b>	Principal Office Address <b>C/O BAY PLAZA EXECUTIVE CENTER 1290 PALM AVENUE SARASOTA FL 34236</b>	3. Date Formed or Registered <b>03/29/1996</b>
2. Mailing Address	2a. Principal Office Address	3a. Date of Last Report
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. State or Country of Formation <b>FL</b>
City & State	City & State	5a. Capital Contributions as Shown on record <b>\$7,000.00</b>
Zip Country	Zip Country	5b. Amount of Capital Contributions in FLORIDA to date: <b>\$7,000.00</b>
		6. FEI Number <b>65-0662821</b>
		7. Certificate of Status Desired <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
		8. Make check payable to: Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent  <b>KAUFFMAN, MARK S C/O BAY PLAZA EXECUTIVE CENTER 1290 PALM AVENUE SARASOTA FL 34236</b>
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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 State <b>FL</b> Zip Code
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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)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/ Document Number
<b>BKB, INC.</b>	<b>1290 PALM AVENUE</b>	<b>SARASOTA FL 34236</b>	<b>P98000008824</b>
			<b>400002054884--4 -01/10/97--01114--023 ****191.25 ****191.25</b>

**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 *David S. Band, VP, BKB, Inc., a Florida corporation*  
*general partner* DATE **12/10/96**

Typed or Printed Name of General Partner Signing Form *David S. Band* Daytime Telephone Number **914/366-6660**

CR2E003 (6/96)