


**FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

6862-1/Hembree FILED

SECRETARY OF STATE
DIVISION OF CORPORATIONS

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LIMITED PARTNERSHIP ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra Morham Secretary of State DIVISION OF CORPORATIONS	
1. Name of Limited Partnership THEATRE ASSOCIATES, LTD.		1a. DOCUMENT # A9600000616	
Mailing Address %Bay Plaza Exec. Ctr. 1290 Palm Ave Sarasota FL 34236		Principal Office Address %Bay Plaza Exec. Ctr. 1290 Palm Ave Sarasota FL 34236	
2. Mailing Address Suite, Apt. #, etc. City & State Zip Country		3. Date Formed or Registered 03/29/1996 3a. Date of Last Report 4. State or Country of Formation FL	
		5a. Capital Contributions as Shown on record \$7,000.00 5b. Amount of Capital Contributions in FLORIDA to date: \$7,000.00	
		6. FEI Number 65-0662821	
		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 KAUFFMAN, Mark S. %Bay Plaza Exec. Ctr. 1290 Palm Ave Sarasota FL 34236		10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City 508882407295-8 -01/21/98 FLO 1105--002	
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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
BKB, Inc.	1290 Palm Avenue	Sarasota FL 34236	P96000008824

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 Mark S. Kauffman DATE 12/12/97
 Mark S. Kauffman, President, BKB, Inc., a Florida corporation,
 Typed or Printed Name of General Partner Signing Form _____ Daytime Telephone Number 941/366-6660

CR2E003 (6/96)