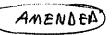
FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE



LIMITED PARTNERSHIP ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra Mortham

Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE DIVISION OF CORPORATIONS

97 APR -9 AM 8: 55

	,		"	MIN D WILD AM	
1. Name of Limited Partnership	1a. DOCUMENT # A 96 000 000 704				
	711600000 10	7			
CHARLES BRIDGE, LT	۸.				
C THREE 2 ORTOGE TO.	0,			1412698	
		ماد		1/9701128007	
		4-9		156.25 ****156.25	
Mailing Address C/O MARIC RUTECKI	Principal Office Address		3. Date Formed or Registered	5a, Capital Contributions as	
Maning Address C/OPPINCE KUTCCK	Principal Office Address		4/11/96	Shown on record.	
## 100 SE 2NO ST.			4/11/16	10,00	
#3350			3a. Date of Last Report	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
MIAMI FLA. 3313/			NONE	Eh.	
10/11/11/1 . 54. 35/2/				5b. Amount of Capital Contributions in FLORIDA	
2. Mailing Address 100 SE 2NO ST	26 Dissipal Office Address	c/a	4. State or Country of Formation	to date:	
# 3350, MIAMI FL 33/3/	28. Principal Office Address OO SE 2ND ST	C/O	Fla.	10,	
Suite, Apt. #, etc	Suite, Apt. #, etc.	RUTECLI	& FFI Number		
Suite, Apt. #, etc C/O MARK 3350 C/O RUTECKI	# 3350	, , ; -	6. FEI Number	Applied For	
City & State	City & State		273	Not Applicable	
MAMI FLA	MIANI FLA.		7. Certificate of Status Desired	\$8.75 Additional	
Zip Country	Zip	Country		Fee Required	
33/3/ USA	33/3/	usa	B, Make check payable to: Dept. of S	tate (See reverse side for fee information)	
				-	
9. Name and Address of Current Re	gistered Agent		10. If changed, new Registered Agent/Office		
MARK RUTEKI Name		Name			
100 SE 2NO ST, #3	350	Street Address (P.O. I	Box Number Is Not Acceptable)		
	blobet Address (r. c. b				
MIAMI FLA 33/3/	Suite, Apt. #, etc.				
		City		Zip Code	
		City		FL 1	
10a. Pursuant to the provisions of sections 620,1051 and 62	20.192, Florida Statutes, the above-name	d limited partnership orga	anized or registered under the laws of the	State of Florida, submits this statement	
for the purpose of changing its registered office or reg	stered agent, or both, in the State of Flor				
agent I am familiar with, and accept the obligations of	section 620.192, Florida Statules.				
SIGNATURE (Hegistered Agent Accepting Appointment)			DATE _		
A GENERAL PARTNER THAT IS MUST	S A CORPORATION, L BE REGISTERED AN	IMITED PAR D ACTIVE WI	TNERSHIP OR OTHER TH THIS OFFICE.	R BUSINESS ENTITY	
11. Neme(a) of General Partner(s)	11a. Address of Each Genera (Do NOT Use Post Office Bo	Partner 11b.	City, State & Zip Code	11c. Registration/ Document Number	
				1	
h	,	١,	1 10	\ \ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
Thomas Ferrazza	171 M. STREET	1 Bo	ston, Mass.		
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			9000002	141269	
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			张米净本 净	*8.75 ******8.75	
				NWM さいか / KWM	
		ļ			
Note: General partners MAY NOT b	e changed on this form	: an amendmi	ent must be filed to cha	nge a general partner.	
12. I do he pby certify that the information supplied with this					
12. I do he aby certify that the information supplied with this: Corporations from any liability of non-compliance with Se	ning is voluntarily furnished and does no ction 119.07(3)(k) in the event that the in	t quality for the exemption formation supplied is dec	ni sizieo iri sectiori i 19.07(3)(4), riorida S smed exempt from public access. I furthei	certify that the information indicated on	

12. If do he by 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 ULLET	ATURE Une Samo			Fh. 181	1997
	T.	FERRAZZA	Daytime Yelephone Number	(305)347-4	020

CR2E003 (6/96