

**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 Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
97 APR 25 AM 9:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



1. Name of Limited Partnership
470 COLUMBIA ASSOCIATES, LTD.
1a. DOCUMENT #
A96000000725
*97-AR-LWS
CM*

Mailing Address: **470 COLUMBIA DRIVE, SUITE A-202
WEST PALM BEACH FL 33409**
Principal Office Address: **470 COLUMBIA DRIVE, SUITE A-202
WEST PALM BEACH FL 33409**

3. Date Formed or Registered: **04/15/1996**
3a. Date of Last Report:
4. State or Country of Formation: **FL**
5a. Capital Contributions as Shown on record: **\$600,000.00**
5b. Amount of Capital Contributions in FLORIDA to date:
6. FEI Number: Applied For
 Not Applicable
7. Certificate of Status Desired: \$8.75 Additional Fee Required
8. Make check payable to Dept. of State (See reverse side for fee information)

2. Mailing Address: **400 N. CONGRESS AVENUE**
Suite, Apt. #, etc.: **Suite 100**
City & State: **West Palm Beach, FL**
Zip: **33401** Country:
2a. Principal Office Address: **400 N. CONGRESS AVENUE**
Suite, Apt. #, etc.: **Suite 100**
City & State: **West Palm Beach, FL**
Zip: **33401** Country:

9. Name and Address of Current Registered Agent
WHITE, WILTON L ESQUIRE
625 NORTH FLAGLER DRIVE, 9TH FLOOR
WEST PALM BEACH FL 33401

10. If changed, new Registered Agent/Office
Name:
Street Address (P.O. Box Number, Apt. #, etc.): **800002167619--3
-05/06/97--01077--008**
Suite, Apt. #, etc.: ******585.00 ****585.00**
City: **FL** Zip Code:

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
J & J U.S.A., INC.	400 NORTH CONGRESS AV	WEST PALM BEACH FL 33	P98000032842
FLORIDA REALTY INVESTMENTS,	470 COLUMBIA DRIVE, S	WEST PALM BEACH FL 33	P95000078529

*returned w/ Allen
merge
frame.
-JWS*

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: *[Signature]* **President** DATE: **12-13-96**
Typed or Printed Name of General Partner Signing Form: **J & J USA
Camelot - HAWK** Daytime Telephone Number: **561 686 6968**

CR2E003 (6/96)