

FILE ON OR BEFORE APRIL 9, 1997 TO AVOID REVOCATION  
AND \$500 PENALTY FEE

LIMITED PARTNERSHIP  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra Morham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

97 MAY 30 PM 1:42

1. Name of Limited Partnership

1a. DOCUMENT #  
A96000000945

CAPITAL ASSET, LTD.

Mailing Address

ATTN: RICHARD HEITMEYER  
1700 PALM BEACH LAKES BLVD., SUITE 1100  
WEST PALM BEACH FL 33401

Principal Office Address

ATTN: RICHARD HEITMEYER  
1700 PALM BEACH LAKES BLVD., SUITE 1100  
WEST PALM BEACH FL 33401

2. Mailing Address

2a. Principal Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

3. Date Formed or Registered

05/22/1996

3a. Date of Last Report

4. State or Country of Formation

FL

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)

5a. Capital Contributions as  
Shown on record.

\$13,500,000.00

5b. Amount of Capital  
Contributions in FLORIDA  
to date:

9. Name and Address of Current Registered Agent

CORPORATE SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301

10. If changed, new Registered Agent/Office

Name

CT CORPORATION SYSTEM

Street Address (P.O. Box Number is Not Acceptable)

1800 S. PINE ISLAND ROAD

Suite, Apt. #, etc.

City

PLANTATION

FL

Zip Code

33324

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)

Mary S. Adams

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)

CAPITAL ASSET EQUITY CORPORA

11a. Address of Each General Partner  
(Do NOT Use Post Office Box Numbers)

1700 PALM BEACH LAKES

11b. City, State & Zip Code

WEST PALM BEACH FL 33

11c. Registration/  
Document Number

P96000012794

8000002197558--8  
-06/02/97--01068--020  
\*\*\*\*165.00 \*\*\*\*165.00

8000002197558--8  
-06/02/97--01068--021  
\*\*\*\*376.25 \*\*\*\*376.25

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I 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

Ronald H. Adams

DATE

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number