

**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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

97 FEB -3 PM 12:29



1. Name of Limited Partnership	1a. DOCUMENT # <b>A96000001255</b>
<b>ACP - L, LIMITED PARTNERSHIP</b>	

Mailing Address <b>C/O ASSOCIATED CAPITAL PROPERTIES, INC. 1035 SOUTH SEMORAN BLVD., SUITE 1007 WINTER PARK FL 32782</b>		Principal Office Address <b>C/O ASSOCIATED CAPITAL PROPERTIES, INC. 1035 SOUTH SEMORAN BLVD., SUITE 1007 WINTER PARK FL 32782</b>		3. Date Formed or Registered <b>07/02/1996</b>	5a. Capital Contributions as Shown on record. <b>S.A. 300,000 Filed 2-3-97</b>
2. Mailing Address	2a. Principal Office Address	3a. Date of Last Report	4. State or Country of Formation <b>FL</b>	5b. Amount of Capital Contributions in FLORIDA to date: <b>320,000</b>	
Suite, Apt. #, etc. <b>SUITE 1007</b>	Suite, Apt. #, etc. <b>SUITE 1007</b>	6. FEI Number <b>59-3392225</b>	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable		
City & State	City & State	7. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	8. Make check payable to: Dept. of State (See reverse side for fee information)		
Zip	Country	Zip	Country		

9. Name and Address of Current Registered Agent <b>PARALEGAL &amp; ATTORNEY SERVICE BUREAU, INC. 1408 HAYS STREET, SUITE 2 TALLAHASSEE FL 32301</b>	10. If changed, new Registered Agent/Office Name <b>4000002081874--2</b> Street Address (P.O. Box Number is Not Accepted) <b>92/10/97--01004--003</b> Suite, Apt. #, etc. <b>***1897.50 ***541.25</b> City <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.

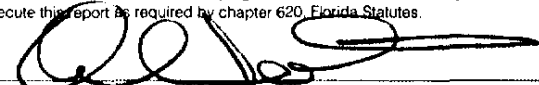
SIGNATURE (Registered Agent Accepting Appointment) \_\_\_\_\_ DATE \_\_\_\_\_

**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) <b>ACP - L, INC.</b>	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) <b>1035 SOUTH SEMORAN BL SUITE 1007</b>	11b. City, State & Zip Code <b>WINTER PARK FL 32792</b>	11c. Registration/Document Number <b>P98000055848</b> <b>new FF 541.25</b>
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**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  DATE **12-30-96**  
Typed or Printed Name of General Partner Signing Form **DALE JOHANNES, ACP-L, INC.** Daytime Telephone Number **(407) 673 4242**

CR2E003 (6/96)