

**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
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**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

96 DEC 20 PM 2:01

* 12/27

1. Name of Limited Partnership THE HATTERAS APARTMENTS, LTD.	1a. DOCUMENT # A96000001283
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Mailing Address 13230 POLO CLUB ROAD, A-106 WELLINGTON FL 33414	Principal Office Address 503 S.E. 20 AVENUE, #6-B BOYNTON BEACH FL 33435
2. Mailing Address 2337 GOLF BROOK DRIVE	2a. Principal Office Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State WELLINGTON, FL	City & State
Zip 33414	Country

3. Date Formed or Registered 07/01/1996	5a. Capital Contributions as Shown on record \$300,000.00
3a. Date of Last Report	5b. Amount of Capital Contributions in FLORIDA to date.
4. State or Country of Formation FL	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
6. FEI Number 59-1740355	<input type="checkbox"/> \$8.75 Additional Fee Required
7. Certificate of Status Desired	8. Make check payable to: Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent ROSEN, PAUL 13230 POLO CLUB ROAD, A-106 WELLINGTON FL 33414	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) 2337 GOLF BROOK DRIVE Suite, Apt. #, etc. City WELLINGTON FL Zip Code 33414
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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) THE HATTERAS APARTMENTS, INC	11a. Address of Each General Partner (Do NOT use Post Office Box Numbers) C/O PAUL ROSEN 13230 2337 GOLF BROOK DRIVE	11b. City, State & Zip Code WELLINGTON FL 33414	11c. Registration/Document Number P96000041487
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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

Paul Rosen
PAUL ROSEN

DATE

12-16-96

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

561-790-5958

CR2E003 (6/96)