

**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 -4 PM 2:37

1. Name of Limited Partnership

1a. DOCUMENT #
A96000001411

ACP - F, LIMITED PARTNERSHIP



Mailing Address

Principal Office Address

C/O ASSOCIATED CAPITAL PROPERTIES, INC.
1035 SOUTH SEMORAN BLVD., SUITE 1007
WINTER PARK FL 32792

C/O ASSOCIATED CAPITAL PROPERTIES, INC.
1035 SOUTH SEMORAN BLVD., SUITE 1007
WINTER PARK FL 32792

3. Date Formed or Registered

07/29/1996

5a. Capital Contributions as Shown on record.

\$100.00

3a. Date of Last Report

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

\$ 517,695

4. State or Country of Formation

FL

6. FEI Number

59-3393645

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

2a. Principal Office Address

Suite, Apt. #, etc.

SUITE 1007
City & State

Suite, Apt. #, etc.

SUITE 1007
City & State

Zip Country Zip Country

9. Name and Address of Current Registered Agent

PARALEGAL & ATTORNEY SERVICE BUREAU, INC.
1406 HAYS STREET, SUITE 2
TALLAHASSEE FL 32301

10. If changed, new Registered Agent/Office

Name
Street Address (P.O. Box Number is Not Acceptable)
400002079074--3
Suite, Apt. #, etc.
-02/05/97--01099--013
***1897.50 ***147.50
City Zip Code
FL

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
ACP - F, INC.	1035 SOUTH SEMORAN BL SUITE 1007	WINTER PARK FL 32792	P96000063111
		400002079074--3 -02/05/97--01099--014 ***393.75 ***393.75	
	dec 541.25 (new bus)		

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-F, INC. Daytime Telephone Number (67)673-4242

CR2E003 (6/96)