

**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

96 DEC 26 AM 10:07



9/1/3

1. Name of Limited Partnership	1a. DOCUMENT # <b>A96000001438</b>
<b>HERITAGE OAKS, LTD.</b>	

Mailing Address: <b>C/O AMNED PROPERTIES, INC. 10549 NORTH FLORIDA AVENUE, STE. K TAMPA FL 33612</b>		Principal Office Address: <b>C/O AMNED PROPERTIES, INC. 10549 NORTH FLORIDA AVENUE, STE. K TAMPA FL 33612</b>		3. Date Formed or Registered <b>08/01/1996</b>	5a. Capital Contributions as Shown on record <b>\$100.00</b>
2. Mailing Address		2a. Principal Office Address		3a. Date of Last Report	5b. Amount of Capital Contributions in FLORIDA to date:
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. State or Country of Formation <b>FL</b>	
City & State		City & State		6. FEI Number <b>59-3395811</b>	
Zip		Country		7. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
				8. Make check payable to: Dept. of State (See reverse side for fee information)	

9. Name and Address of Current Registered Agent <b>MYERS, W. PARKINSON AMNED PROPERTIES, INC. 10549 NORTH FLORIDA AVENUE, STE. K TAMPA FL 33612</b>	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City <b>FL</b> 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 _____	
<b>A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b>	

11. Name(s) of General Partner(s) <b>CORO INVESTMENTS OF HILLSBOR</b>	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) <b>10549 NORTH FLORIDA A</b>	11b. City, State & Zip Code <b>TAMPA FL 33612</b>	11c. Registration/Document Number <b>P96000061974</b>
<p>100002049531--2 -01/07/97--01180--007 ****191.25 ****191.25</p>			

**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 W. Parkinson DATE 12/2/96  
Typed or Printed Name of General Partner Signing Form W. Parkinson Myers Daytime Telephone Number (813) 932-2412

CR2E003 (6/96)