

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

LIMITED PARTNERSHIP ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra Mortham Secretary of State DIVISION OF CORPORATIONS
1. Name of Limited Partnership OTM INVESTORS 1996-I, LTD.	1a. DOCUMENT # A96000001634	

FILED

97 APR 14 PM 4:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Mailing Address 3200 SHAWNEE AVE., SUITE 4 WEST PALM BEACH FL 33409	Principal Office Address 3200 SHAWNEE AVE., SUITE 4 WEST PALM BEACH FL 33409	3. Date Formed or Registered 08/29/1996	5a. Capital Contributions as Shown on record. \$1,000,000.00
2. Mailing Address Suite, Apt. #, etc.	2a. Principal Office Address Suite, Apt. #, etc.	3a. Date of Last Report 4/14	5b. Amount of Capital Contributions in FLORIDA to date: 125,000
City & State Zip	City & State Zip	4. State or Country of Formation FL	6. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Country	Country	7. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
8. Make check payable to: Dept. of State (See reverse side for fee information)			

9. Name and Address of Current Registered Agent VANOPDORP, JAMES 3200 SHAWNEE AVE., SUITE 4 WEST PALM BEACH FL 33409	10. If changed, new Registered Agent/Office Name Robert R Paves Street Address (P.O. Box Number Is Not Acceptable) 3200 Shawnee Ave Suite, Apt. #, etc. Suite 4 City West Palm Beach FL Zip Code 33409
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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 4/7/97

**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) OTM ADVISORS, INC.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 3200 SHAWNEE AVE., SU	11b. City, State & Zip Code WEST PALM BEACH FL 33	11c. Registration/ Document Number P98000029161 1000002149651 -- -04/21/97-01159-008 ****541.25 ****541.25
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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 4/7/97
Typed or Printed Name of General Partner Signing Form Robert R Paves	Daytime Telephone Number (561) 689-2020