

1996
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
Sanford M. Ham
Secretary of State
DIVISION OF CORPORATIONS

FILED
97 JAN 24 PM 3:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Name of Limited Partnership
CAPE HOUSE PROPERTIES, LTD.

1a. DOCUMENT #
A96 00000 1645

Mailing Address
**1660 HOTEL CIRCLE NORTH, SUITE 200
SAN DIEGO, CA 92108-2882**

Principal Office Address

DO NOT WRITE IN THIS SPACE

2. New Mailing Address, If Applicable
3000002072999-3
Suite, Apt. #, etc. **-01/29/97--01091--002**
City, State & Zip ******156.25 ****103.75**

2a. New Principal Office Address, If Applicable
Suite, Apt. #, etc.
City, State & Zip

3. Date Formed or Registered to Do Business in
FLORIDA
9/5/96

3a. Date of Last Report
n/a

4. State or Country of Formation
Florida

5a. Capital Contributions as Shown
on Record
\$160,100

5b. Amount of Capital Contributions in
FLORIDA to date.
\$160,200

6. FEI Number
33-0721182

Applied For
Not Applicable

7. CERTIFICATE OF STATUS REQUIRED ☐

8. FEES: 1.) Filing Fee: Computed at a rate of \$7 per \$1,000 on amount entered in 5b or 5a if 5b blank, with a minimum filing fee of \$52.50 and a maximum of \$437.50
2.) Supplemental Fee \$138.75 (pursuant to section 607.193, F.S.)
THE AMOUNT DUE SHALL BE NO LESS THAN \$191.25 (\$52.50 + \$138.75) AND NO MORE THAN \$576.25 (\$437.50 + \$138.75)
Note: If the amount entered in 5b is greater than amount entered in 5a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.
MAKE CHECK PAYABLE TO FLORIDA DEPT. OF STATE

9. Name and Address of Current Registered Agent
**c/o Foley & Lardner
200 Laura Street
Jacksonville, FL 32202**

10. If changed, new Registered Agent/Office
Name
Street Address (P.O. Box Number Is Not Acceptable)
3000002072999-3
Suite, Apt. #, etc. **-01/29/97--01091--003**
******437.50 ****437.50**
City **FL** 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 _____

**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
Douglas Allred Investment Company	1660 Hotel Circle North Suite 200	San Diego, CA 92108-2882	F96 00000 4543

dec 541.25 (new fees)

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 *Douglas Hill* DATE **December 11, 1996**
Typed or Printed Name of General Partner Signing Form **Douglas L. Hill, CFO of General Partner** Telephone Number **619 / 299 6760**

CR2E003 (6/95)