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

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SECRETARY OF STATE
TALLAHASSEE, FL

LIMITED PARTNERSHIP ANNUAL REPORT 1997

FLORIDA DEPARTMENT OF STATE
Sandra Mortham
Secretary of State
DIVISION OF CORPORATIONS

1. Name of Limited Partnership

S-B PROPERTIES NO. 16, LTD.

1a. DOCUMENT # A96000001728

Mailing Address
C/O BOULDER VENTURE, INC.
1125 OVERCASH DRIVE
DUNEDIN FL 34698

Principal Office Address
C/O BOULDER VENTURE, INC.
1125 OVERCASH DRIVE
DUNEDIN FL 34698

3. Date Formed or Registered: 09/19/1996

3a. Date of Last Report:

4. State or Country of Formation: FL

5a. Capital Contributions as Shown on record: $1.00

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

6. FEI Number: 59-3401675 ☐ 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

Suite, Apt. #, etc.

City & State

Zip Country

2a. Principal Office Address

Suite, Apt. #, etc.

City & State

Zip Country

9. Name and Address of Current Registered Agent

HUDOBA, STEPHEN M ESQ.
HILL, WARD & HENDERSON, P.A.
101 EAST KENNEDY BLVD., SUITE 3700
TAMPA FL 33602

10. If changed, new Registered Agent/Office

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, etc.

City FL Zip Code

300002216TT12--3
-05/06/97--01082--011
*****468.75 *****156.25

10a. Pursuant to the provisions of sections 620.1051 and 620.182, Florida Statutes, the abovenamed 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
SCHMIDT INVESTMENTS LIMITED	330 E. KILBOURNE AVE.	MILWAUKEE WI 53202	A32131

returned within time frame. -[illegible]

[illegible] 156.25

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)(i), Florida Statutes. I release the Division of Corporations from any liability of noncompliance with Section 119.07(3)(i) 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 effect as if made under oath; 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 [signature] DATE 4-8-97

Typed or Printed Name of General Partner Signing Form ______ Daytime Telephone Number ______

CR2E050