

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

LIMITED PARTNERSHIP ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra Northam Secretary of State DIVISION OF CORPORATIONS
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"FILED"
SECRETARY OF STATE
DIVISION OF CORPORATIONS
97 FEB 26 PM 4:21

1. Name of Limited Partnership CAMBRIDGE ASSOCIATES LIMITED	1a. DOCUMENT # A96000001821
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Mailing Address 2011 MONTVALE ROAD MARYVILLE TN 37801	Principal Office Address 2011 MONTVALE ROAD MARYVILLE TN 37801
2. Mailing Address	2a. Principal Office Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

3. Date Formed or Registered 10/01/1996	5a. Capital Contributions as Shown on record. \$500,000.00
3a. Date of Last Report	5b. Amount of Capital Contributions in FLORIDA to date:
4. State or Country of Formation FL	
6. FEI Number 62-1661460 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
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 HATCHER, STEPHEN B ESQ. 315 E. ROBINSON STREET, SUITE 600 ORLANDO FL 32801

10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Applicable) Suite, Apt. #, etc. City	300002099538-5 02/27/97 01034-002 ***\$41.25 ***\$41.25 FL Zip Code
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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 _____

**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) CAMBRIDGE ASSOCIATES, INC.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 2011 MONTVALE ROAD	11b. City, State & Zip Code MARYVILLE TN 37801	11c. Registration/Document Number V20498
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New Fee

KWM

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 *Stephen B. Hatcher, Secretary of Cambridge Associates, Inc., General Partner* DATE 2/20/97
 Typed or Printed Name of General Partner Signing Form Stephen B Hatcher Daytime Telephone Number 407 425-7010

CR2E003 (11/96)