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
97 JAN 17 AM 10:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Name of Limited Partnership: DELRAY BEACH APARTMENTS, LTD.

1a. DOCUMENT #: A96000002061

Mailing Address: 1500 NW 49th ST. 5th FLR FT LAUDERDALE, FL. 33309

Principal Office Address: SAME

2. Mailing Address:
Suite, Apt #, etc.:
City & State:
Zip: Country:

2a. Principal Office Address:
Suite, Apt. #, etc.:
City & State:
Zip: Country:

3. Date Formed or Registered: NOV 7/96

3a. Date of Last Report: N/A

4. State or Country of Formation: FL

5a. Capital Contributions as Shown on record: $1,800,000

5b. Amount of Capital Contributions in FLORIDA to date: $1,450,000

6. FEI Number: 65-0700439 ☐ 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)

9. Name and Address of Current Registered Agent:
BOYLE, CONRAD J. ESQ.
SUITE 1950 500 E. BROWARD BLVD.
FT LAUDERDALE, FL. 33394

10. If changed, new Registered Agent/Office
Name:
Street Address (P.O. Box Number Is Not Acceptable):
Suite, Apt. #, etc.:
City: 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)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/ Document Number
KEENAN DELRAY L.C.	1500 NW 49th ST. 5th FLR FT LAUD, FL. 33309		L96000001170
KEISER DELRAY INC.	1500 NW 49th ST. 1ST FLR FT LAUD, FL 33309		P96000092325

CR2E003 (6/96)

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 KEENAN DELRAY L.C. [signature] AS OPERATING MANAGER DATE Dec 12/96

Typed or Printed Name of General Partner Signing Form: DALE CHILLOWETH Daytime Telephone Number ________