

**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 Secretary of State DIVISION OF CORPORATIONS
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 JAN -2 AM 8:18

1. Name of Limited Partnership	1a. DOCUMENT # A96000002107
T.T. MESA ASSOCIATES, LTD.	

1/8/97

Mailing Address One Park Place 621 N.W. 53rd St. Suite 450 Boca Raton, FL 33487		Principal Office Address One Park Place 621 N.W. 53rd St. Suite 450 Boca Raton, FL 33487		3. Date Formed or Registered 11/19/96	5a. Capital Contributions as Shown on record \$1,000.00
2. Mailing Address N/A		2a. Principal Office Address N/A		3a. Date of Last Report N/A	5b. Amount of Capital Contributions in FLORIDA to date: \$1,000.00
Suite, Apt. #, etc. N/A		Suite, Apt. #, etc. N/A		4. State or Country of Formation Florida	
City & State N/A		City & State N/A		6. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Zip N/A		Zip N/A		7. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Country		Country		8. Make check payable to: Dept. of State (See reverse side for fee information)	

9. Name and Address of Current Registered Agent Neesa B. Warlen One Park Place 621 N.W. 53rd St. Suite 450 Boca Raton, FL 33487	10. If changed, new Registered Agent/Office Name N/A Street Address (P.O. Box Number is Not Acceptable) N/A Suite, Apt. #, etc. N/A City N/A FL Zip Code N/A
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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
T.T. Mesa, Inc.	One Park Place 621 N.W. 53rd St. Suite 450	Boca Raton, FL 33487	P96000092319
9000002053559--8 -01/10/97--01021--001 ****191.25 ****191.25			

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)(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.

T.T. Mesa, Inc., a Florida corporation, as sole General Partner for
 T.T. MESA ASSOCIATES, LTD.
 By:  Richard S. Weissman, President
 Date: 1/27/96
 Daytime Telephone Number: (561) 994-6226

CR2E003 (6/96)