



**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 SECRETARY OF STATE DIVISION OF CORPORATIONS 97 JAN -3 AM 11:12 <i>mtm</i> <i>1/9</i>	
1. Name of Limited Partnership ACP PINE STREET LIMITED PARTNERSHIP		1a. DOCUMENT # A96000002151			
Mailing Address 1035 S. Semoran Blvd. Suite 1007 Winter Park, FL 32792		Principal Office Address 1035 S. Semoran Blvd. Suite 1007 Winter Park, FL 32792		3. Date Formed or Registered 11/22/96 3a. Date of Last Report 4. State or Country of Formation FL	
2. Mailing Address Suite, Apt. #, etc. City & State Zip Country		2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country		5a. Capital Contributions as Shown on record 100.00 5b. Amount of Capital Contributions in FLORIDA to date: 6. FEI Number APPLIED FOR <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable 7. Certificate of Status Desired <input checked="" 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 Paralegal & Attorney Service Bureau Inc. 1406 Hays Street, Suite 2 Hollywood, FL 32301				10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. 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) ACP-Pine Street GP, Inc.		11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 1035 S. Semoran Blvd., #1007		11b. City, State & Zip Code Winter Park, FL 32792	
11c. Registration/Document Number P96000095611		500002057995--4 -01/14/97--01178--009 ****200.00 ****200.00			
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  DATE 12-30-96 Typed or Printed Name of General Partner Signing Form Dale Johannes, ACP-Pine Street GP, Inc. (407) 673-4242					

CR2E003 (6/96)