

FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP  
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS

96 DEC 16 AM 11:11

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LIMITED PARTNERSHIP  
ANNUAL REPORT  
1997

FLORIDA DEPARTMENT OF REVENUE  
DIVISION OF CORPORATIONS

A96000002173

1. Name of Limited Partnership <b>ACP-Tampa Bay, Limited Partnership</b>		1a. DOCUMENT # <b>A96000002173</b>	
Mailing Address <b>701 Brickell Avenue Suite 3000 Miami, Florida 33131</b>		Principal Office Address <b>1035 South Semoran Suite 1007 Winter Park, FL 32792</b>	
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 <b>11/26/96</b>		5a. Capital Contributions Shown on record <b>\$100.00</b>	
3a. Date of Last Report <b>N/A</b>		5b. Amount of Capital Contributions in FLORIDA to date <b>\$100.00</b>	
4. State or Country of Formation <b>Florida</b>		6. FEI Number <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 <b>Intrastate Registered Agent Corporation 701 Brickell Avenue, Suite 3000 Miami, Florida 33131</b>		10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City <b>FL</b> 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) <b>ACP-Tampa Bay, Inc.</b>	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) <b>1035 South Semoran Suite 1007</b>	11b. City, State & Zip Code <b>Winter Park, Florida</b>	11c. Registration/ Document Number <b>P96000096221</b>
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-12/18/96--01104--006  
\*\*\*\*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 BY: **Allen C. de Olazarra, Vice President**

DATE **12/5/96**

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

**(407) 673-4242**

CR2E003 (6/96)