

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 8:32

1. Name of Limited Partnership T.T. FALLS CHURCH ASSOCIATES, LTD.	1a. DOCUMENT # A96000002377
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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
2. Mailing Address N/A	2a. Principal Office Address N/A
Suite, Apt. #, etc. N/A	Suite, Apt. #, etc. N/A
City & State N/A	City & State N/A
Zip N/A	Zip N/A

3. Date Formed or Registered 12/19/96	5a. Capital Contributions as Shown on record \$1,000.00
3a. Date of Last Report N/A	5b. Amount of Capital Contributions in FLORIDA to date: \$1,000.00
4. State or Country of Formation Florida	6. FEI Number XXX 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 Neesa B. Warlen One Park Place 621 N.W. 53rd Street 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) T.T. Falls Church, Inc.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) One Park Place 621 N.W. 53rd St. Suite 450 Boca Raton, FL 33487	11b. City, State & Zip Code Boca Raton, FL 33487	11c. Registration/ Document Number P96000102117 600002053396--8 -01/10/97--01003--006 ****191.25 ****191.25
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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: Richard S. Weissman, President
T.T. Falls Church, Inc., a Florida corporation, as sole General
Partner for T.T. FALLS CHURCH ASSOCIATES, LTD.

DATE 12/2/96

Typed or Printed Name of General Partner Signing Form

Richard S. Weissman, President

Daytime Telephone Number (561) 994-6226

T.T. Falls Church, Inc.

CR2E003 (6/96)