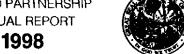
FILE ON OR BEFORE DECEMBER 31. 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT



TRIAD PROPERTIES HOLDINGS - FT. MYERS, LTD.

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partnership

a. DOCUMENT # **A97000001658**

97 DEC 29 AM 9: 46



talling Address Principal Office Address				3. Date ormed or Registered	58. Capital Contributions as Shown on record.	
AMSOUTH CENTER, SUITE 1001 200 CUNTON AVENUE WEST HUNTSVILLE AL 35801		AMSOUTH CENTER. SUITE 1001 200 CLINTON AVENUE WEST HUNTSVILLE AL 35801		07/30/1997	5b. Amount of Capital Contributions in FLORIDA to date:	
				3a. Date of Last Report 4. State or Country of Formation		
2. Mailing Address		2a. Principal Office Address		FL	#686	,070.00
Suite, Apt. #, etc.		Suite, Apt. #, etc.		6. FEI Number		Applied For
City & State		City & State		72-139031	7	Not Applicable
Zip	Country	Zip	Country	7. Certificate of Status Desired		\$8.75 Additional Fee Required
				8. Make check payable to: Dept. of State (See reverse side for fee information)		
	Name and Address of	Current Registered Agent		10 If changed, new Registers	nd Acont/Office	

BEYER, DAVID A Street Address (P.O. Box Number Is Not Acceptable) C/O RUDNICK & WOLFE 101 EAST KENNEDY BLVD., SUITE 2000 **TAMPA FL 33602** Zip Code

Pursuant to the provisions of sections 620 1051 and 620 192, Flor-da 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 Fforda. Such change was authorized by its general partner(s). Thereby 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)

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

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/

TRIAD PROPERTIES HOLDINGS - /L

200 CLINTON AVENUE WE

HUNTSVILLE AL 35801

L97000000809

-01/13/98--01062--004 ****541.25 ****541.25

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 filling is voluntarily furnished and doos not qualify for the exemption stated in Section 119 07(3)(k), Florida Statutes I release the Division of Corporations from any hability 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 eath. Hurther certify that I am a General Pariner of the limited partnership, receiver or trustee

SIGNATURE

11.