

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

LIMITED PARTNERSHIP  
ANNUAL REPORT  
**1998**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

**97 DEC 26 AM 9:08**

<b>1.</b> Name of Limited Partnership		<b>1a.</b> DOCUMENT # A97000002436	
WARM SPRINGS INVESTMENTS, LTD.			
<b>Mailing Address</b>		<b>Principal Office Address</b>	
4830 W. Kennedy Blvd. Suite 740 Tampa, Florida 33609		4830 W. Kennedy Blvd. Suite 740 Tampa, Florida 33609	
<b>2.</b> Mailing Address		<b>2a.</b> Principal Office Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip Country		Zip Country	
		<b>3.</b> Date Formed or Registered 11/10/97	
		<b>3a.</b> Date of Last Report	
		<b>4.</b> State or Country of Formation Florida	
		<b>5a.</b> Capital Contributions as Shown on record \$250,000.00	
		<b>5b.</b> Amount of Capital Contributions in FLORIDA to date 1000	
		<b>6.</b> FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
		<b>7.</b> Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
		<b>8.</b> Make check payable to: Dept. of State (See reverse side for fee information)	

<b>9.</b> Name and Address of Current Registered Agent		<b>10.</b> If changed, new Registered Agent/Office	
Dale A. West 4830 West Kennedy Blvd. Suite 740 Tampa, Florida 33609		Name Street Address (P.O. Box Number Is Not Acceptable) City, State, etc. City	
		Zip Code FL	

**10a.** Pursuant to the provisions of sections 620.1051 and 620.102, 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.**

<b>11.</b> Name(s) of General Partner(s)	<b>11a.</b> Address of Each General Partner (Do NOT Use Post Office Box Numbers)	<b>11b.</b> City, State & Zip Code	<b>11c.</b> Registration Document Number
Urban Properties of California, Inc.	4830 W. Kennedy Blvd. Suite 740	Tampa, Florida 33609	P9500000503
400002395754--7 -01/09/98--01076--001 ***165.00 ***165.00			

**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 *Dale A. West* DATE *12/22/97*  
 Typed or Printed Name of General Partner Signing Form Dale A. West, Vice Pres. of Gen. Prt. Daytime Telephone Number 813/286-4140

CR2E003 (6/97)