

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

96 DEC 30 PM 3:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



1. Name of Limited Partnership	1a. DOCUMENT # <b>B93000000522</b>
<b>TRI-B VENTURES (DYER), LTD.</b>	

Mailing Address 225 S. WESTMONTE DRIVE SUITE 3020 ALTAMONTE SPRINGS FL 32714	Principal Office Address ONE YORKDALE ROAD, SUITE 510 NORTH YORK, ONTARIO M6A 3A1 CANADA	3. Date Formed or Registered 11/30/1993	5a. Capital Contributions as Shown on record. \$0.00
2. Mailing Address	2a. Principal Office Address	3a. Date of Last Report 12/21/1995	5b. Amount of Capital Contributions in FLORIDA to date: \$0.00
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. State or Country of Formation OC	
City & State	City & State	6. FE Number 98-0112572	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip	Country	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 <b>MCENULTY, FRANK</b> C/O TRI-FIVE PROPERTIES 225 S. WESTMONTE DRIVE, SUITE 3020 ALTAMONTE SPRINGS FL 32714	10. If changed, new Registered Agent/Office Name <b>DAVID W. HALL</b> 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 12/16/96

**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>833845 ONTARIO LIMITED</b>	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) <b>ONE YORKDALE ROAD, SU</b>	11b. City, State & Zip Code <b>NORTH YORK, ONT., CAN</b>	11c. Registration/ Document Number <b>P30320</b>
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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 DATE 12/16/96

CR2E003 (6/96)