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

1. Name of Limited Partnership

DOCUMENT # B9400000000

FIGURE SECRETARY OF STATE DIVISION OF CORPORATIONS

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RESTON MANOR ASSO					
	CIATES, LTD.			90kt 85iii 95iii 95iii 96iii 96ii 96ii 97ii	
dailing Address	Principal Office Address		3. Date Formed or Registered	5a. Capital Contributions as Shown on record	
679 CALF CANYON HWY 679 CALF CANY		HWY	01/03/1994	\$0.00	
CRESTON CA 93432	CRESTON CA 93432	CRESTON CA 93432			
			12/28/1995 4. State or Country of Formation	5b. Amount of Capital Contributions in FLORIDA	
2. Mailing Address	2a. Principal Office	2a. Principal Office Address		to date \$ 0.00	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		6. FEI Number 95-4123660	Applied For Not Applicable	
City & State	City & State		7. Certificate of Status Desired	\$8.75 Additional Fee Required	
Zip Country	Zip	Country	8. Make check payable to Dept	of State (See reverse side for fee informatio	
9. Name and Address of Current Registered Agent DOYLE, DAVID		Name	10. If changed new Registered Agent/Office		
			Street Address (P.O. Box Number is Not Acceptable)		
636 LAKESIDE DRIVE					
NORTH PALM BEACH FL 33408		Suite Apt #	etc		
		City		FL Z-p Code	
10a. Pursuant to the provisions of sections 620	0.1051 and 620.192, Florida Statutes, the	e above named I mited partner	ship organized or registered under the laws of	the State of Florida, submits this statement	
for the purpose of changing its registered agent. I am familiar with, and accept the output the control of the	d office or registered agont, or both in the obligations of section 620 192, Florida Statement) THAT IS A CORPORA MUST BE REGISTER	ne State of Florida Such chang tatules TION, LIMITED RED AND ACTIV	ge was authorized by its general partner(s). Thi	ER BUSINESS ENTITY	
for the purpose of changing its registered agent. I am familiar with, and accept the distribution of the state of the stat	d office or registered agent, or both in II obligations of section 620 192, Florida Sitment) FHAT IS A CORPORA MUST BE REGISTEF 11a. (Do NOT Use	TION, LIMITED RED AND ACTIV LEACH General Partner Post Office Box Numbers)	DAT PARTNERSHIP OR OTH E WITH THIS OFFICE. 11b. City, State & Zip Code	ER BUSINESS ENTITY 11c. Registration/ Document Number	
for the purpose of changing its registered agent. I am familiar with, and accept the output the control of the	d office or registered agont, or both in the obligations of section 620 192, Florida Statement) THAT IS A CORPORA MUST BE REGISTER	TION, LIMITED RED AND ACTIV LEACH General Partner Post Office Box Numbers)	PARTNERSHIP OR OTH E WITH THIS OFFICE.	ER BUSINESS ENTITY	

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 Tirelease the Division of Corporations from any liability of non-compliance with Section 119 07(3)(k) in the event that the information supplied is decided exempt from public access. If after 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. 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 Connel Segment BERDON EQUITIES, INC., GENERAL PARTNER BY DONALD BERGMAN, PRESIDENT Typed or Printed Name of General Partner Staning Form

10/14/96 (805) 238-7398