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
SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 DEC 18 PM 3:31

1. Name of Limited Partnership

ANNA MARIA ASSOCIATES, LIMITED PARTNERSHIP

1a. DOCUMENT # **B94000000190**

BK 12/18/96

Mailing Address	Principal Office Address
570 DELAWARE AVENUE BUFFALO NY 14202	570 DELAWARE AVENUE BUFFALO NY 14202

3. Date Formed or Registered: 05/24/1994

3a. Date of Last Report: 01/12/1996

4. State or Country of Formation: NY

5a. Capital Contributions as Shown on record: $9,900.00

5b. Amount of Capital Contributions in FLORIDA to date:

2. Mailing Address	**2a.** Principal Office Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

6. FEI Number: 16-1451248 ☐ Applied For ☐ Not Applicable

7. Certificate of Status Desired ☐ **$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	**10.** If changed, new Registered Agent/Office
GOODWIN, JAMES W ESQ MCFARLANE AUSLEY FERGUSON & MCMULLEN 111 MADISON STREET, SUITE 2399 TAMPA FL 33602	Name: Corporation Service Company Street Address (P.O. Box Number Is Not Acceptable): 1201 Hays Street Suite, Apt. #, etc: City: Tallahassee FL Zip Code: 32301

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) Deborah D. Skipper Asst. Secretary DATE December 18, 1996

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)	**11a.** Address of Each General Partner (Do NOT Use Post Office Box Numbers)	**11b.** City, State & Zip Code	**11c.** Registration/ Document Number
BENDERSON-MANATEE, L.C.	570 DELAWARE AVENUE	BUFFALO NY 14202	L93000000382

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 ppr David H. Baldauf, Mgr. DATE 12/15/96

Typed or Printed Name of General Partner Signing Form David H. Baldauf Daytime Telephone Number (716) 886-0211

CR2E003 (6/96)

0013213

1201 Hays Street
Tallahassee, FL 32301-2607
800-342-8086

B94000000190

CSC networks
PRENTICE HALL
LEGAL & FINANCIAL SERVICES

ACCOUNT NO. : 072100000032

REFERENCE : 191870 4702925

AUTHORIZATION : Patricia Pyzuta

COST LIMIT : $ 208.05

FILED
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ORDER DATE : December 17, 1996

ORDER TIME : 10:42 AM

ORDER NO. : 191870

CUSTOMER NO: 4702925

200002032732--4

CUSTOMER: Lee Noworyta, Cpa
Benderson Development Co.,
570 Delaware Avenue

Buffalo, NY 14202

CHANGE OF AGENT

NAME: ANNA MARIA ASSOCIATES,
LIMITED PARTNERSHIP

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PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY

CONTACT PERSON: Juan E Jones

DK
12/18/96