

**FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

FLORIDA
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 DEC 18 PM 2:17

LIMITED PARTNERSHIP ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra Mortham Secretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partnership AYLESFORD LIMITED PARTNERSHIP	1a. DOCUMENT # B94000000221
---	--



Mailing Address 200 WEST MADISON, 38TH FLOOR CHICAGO IL 60606		Principal Office Address 4605 VILLAGE CENTER DR. PALM HARBOR FL 34685		3. Date Formed or Registered 06/13/1994	5a. Capital Contributions as Shown on record \$3,006,916.00
				3a. Date of Last Report 12/13/1995	5b. Amount of Capital Contributions in FLORIDA to date
				4. State or Country of Formation DE	
2. Mailing Address Suite, Apt. #, etc.		2a. Principal Office Address Suite, Apt. #, etc.		6. FEI Number 36-3945448	
City & State		City & State		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Zip	Country	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 THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYES STREET, SUITE 105 TALLAHASSEE FL 32301	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City
	FL Zip Code

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

**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) LANSBROOK DEVELOPMENT CORP	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 4605 VILLAGE CENTER D	11b. City, State & Zip Code PALM HARBOR FL 34685	11c. Registration/Document Number 384080
300002039279--2 -12/27/95--01058--004 *****576.25 *****576.25			

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 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

Glen Miller, Vice President

DATE

10/24/96

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

312-750-8400

CR2E003 (6/96)