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 #

FIGURE SECRETARY OF STATE ONTSION OF CORPORATIONS

53 WO 18 PM 2: 17

| B9400000250 | | | | | | | | |
|--|--|--|-------------------------------------|---|--|---|----------------------------------|--|
| UNIPER BAY LIMITED | PARTNE | RSHIP | | | | | | |
| Maling Address 200 WEST MADISON, 38TH FLOOR | Principal Office Address 4605 VILLAGE CENTER DR. PALM HARBOR FL 34685 | | 3. | 3. Date Formed or Registered 06/29/1994 | | 5a. Capital Contributions as Shown on record | | |
| CHICAGO IL 60606 | | | 3 | 3. Date of Last Report 02/07/1996 | \$2,899,569.00 5b. Amount of Capital Contributions in FLO9(DA | | | |
| 2. Mailing Address 2a. Principal Office Addre | | | 4. State or Country of Formation DE | | to date | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 6. | , FET Number 36-3945449 | Applied For Not Applicable | | |
| City & State | | City & State | | 7. | 7. Certificate of Status Desired \$8.75 | | \$8.75 Additional | |
| Zip Country | | Zıp | Country | 8. | Read Required Nake check payable to Dept of State (See reverse side for fee information) Read Required Required | | | |
| 9. Name and Ado | 10. If changed, new Registered Agent/Office | | | | | | | |
| THE PRENTICE-HALL CORPO 1201 HAYS STREET, SUITE TALLAHASSEE FL 32301 | | | | | Play Number Is Not Acceptable) FL Zip Code | | | |
| agent. I am familiar with and accessional URE (Registered Agent Accepting | gistered affice or region of the obligations of Appointment) | stered agent or both, in the State of section 620-192, Flor da Statutes | Florida Such char | nge was authoria | red by its general partner(s). The | the State of Flor reby accept the | appointment of registere | |
| A GENERAL PARTNI | R THAT IS MUST I | S A CORPORATION BE REGISTERED A | , LIMITED ND ACTI\ | PARTNI VE WITH | ERSHIP OR OTHE THIS OFFICE. | ER BUSI | NESS ENTITY | |
| 11. Name(s) of General Partner(s) | | 11a. (Do NOT Use Post Office | neral Partner se Box Numbers) | 11b. | City, State & Zip Code | 11c. | Registration/ Document Number | |
| LANSBROOK DEVELOPMENT CORPOR | | 4605 VILAGE CENTER DR | | PALM HARBOR FL 34685 | | 384080 | | |
| · | | | | | 400002 -12/21 ***** | 2039; 7/960 576,25 | 2748 1058002 ****\$76,25 | |
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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 femished and does not qualify for the exemption stated in Section 119 07(3)(k). Frorida Statutes Trelease 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 trusted empowered to execute this from as required by chapter (2). Florida (3).

SIGNATURE _-

Typed or Printed Name of General Partner Signing Form

Glen Miller, Vice President

DATE _ 10 24 96

Daytime Telephone Number

312-750-8400