


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

LIMITED PARTNERSHIP ANNUAL REPORT 1997		 <p>FLORIDA DEPARTMENT OF STATE Sandra Mortham Secretary of State DIVISION OF CORPORATIONS</p>		<p>FILED SECRETARY OF STATE DIVISION OF CORPORATIONS</p> <p>96 DEC 27 PM 3:10</p>	
1. Name of Limited Partnership <p style="text-align: center;">Turtle Creek Associates Limited Partnership</p>		1a. DOCUMENT # <p style="text-align: center;">B94000000247 370</p>			
Mailing Address c/o Icard-Merrill 2033 Main Street, Suite 101 Sarasota, Florida 34237		Principal Office Address None		3. Date Formed or Registered <p style="text-align: center;">09/13/94</p>	
2. Mailing Address same as above		2a. Principal Office Address 5192 N. Parkway Calabasas		3a. Date of Last Report <p style="text-align: center;">05/21/96</p>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. State or Country of Formation <p style="text-align: center;">Texas</p>	
City & State		City & State Calabasas, California		5a. Capital Contributions as Shown on record <p style="text-align: center;">360,000.00</p>	
Zip Country		Zip Country 91302 USA		5b. Amount of Capital Contributions in FLORIDA to date <p style="text-align: center;">360,000.00</p>	
				6. FEI Number <p style="text-align: center;">36-3800949</p> <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
				7. Certificate of Status Desired <input checked="" 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 J. G. Pflugner 2033 Main Street, Suite 101 Sarasota, Florida 34236	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City <p style="text-align: right;">FL Zip Code</p>
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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 **12-26-96**

**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) Richard J. Segal Judith A. Segal	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 5192 N. Parkway Calabasas 5192 N. Parkway Calabasas	11b. City, State & Zip Code Calabasas, CA 91302 Calabasas, CA 91302	11c. Registration/Document Number <p style="text-align: center;">400002041994--7 -12/31/96--01047--010 ****585.00 ****585.00</p>
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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 **12-26-96**

Typed or Printed Name of General Partner Signing Form **Richard J. Segal**

Daytime Telephone Number **818-223-8848**

CR2003 (6/96)