

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

**FILED**

97 FEB 14 PM 2:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



LIMITED PARTNERSHIP ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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1. Name of Limited Partnership	1a. DOCUMENT # <b>B94000000429</b>
<b>NEW BOSTON JACARANDA LIMITED PARTNERSHIP</b>	

Mailing Address <b>ONE LONGFELLOW PLACE, SUITE 3612 BOSTON MA 02114-2434</b>	Principal Office Address <b>C/O THE CORPORATION TRUST COMPANY 1209 ORANGE STREET WILMINGTON DE 19801</b>
2. Mailing Address	2a. Principal Office Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

3. Date Formed or Registered <b>10/25/1994</b>	5a. Capital Contributions as Shown on record. <b>\$1,400,000.00</b>
3a. Date of Last Report <b>04/23/1996</b>	
4. State or Country of Formation <b>DE</b>	5b. Amount of Capital Contributions in FLORIDA to date: <b>\$1,400,000</b>
6. FEI Number <b>04-3249589</b>	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
7. Certificate of Status Desired	<input type="checkbox"/> <b>\$8.75</b> 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**

**BUTT, JEFFREY ESQ.**  
**201 EAST KENNEDY BLVD., SUITE 1000**  
**TAMPA FL 33602**

**10. If changed, new Registered Agent/Office**

Name \_\_\_\_\_

Street Address (P.O. Box Number Is Not Acceptable) \_\_\_\_\_

Suite, Apt. #, etc. *Butt 2/14*

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)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/ Document Number
<b>NEW BOSTON FUND, INC.</b>	<b>ONE LONGFELLOW PLACE,</b>	<b>BOSTON MA 02114</b>	<b>F93000002967</b>
<b>100002080181--4</b> <b>-02/18/97--01012--015</b> <b>****576.25 ****576.25</b>			

**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 *James W. Kappaport* DATE **12/12/96**  
**James W. Kappaport, V. President/Secretary of New Boston Fund, Inc., sole General Partner of**  
**New Boston Jacaranda Limited Partnership**  
 617-723-7760

CR2E003 (6/96)