

**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 NOV 22 PM 4: 08

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1. Name of Limited Partnership

1a. DOCUMENT #
B94000000463

URBAN/HUTENSKY ASSOCIATES, LIMITED PARTNERSHIP

Mailing Address C/O THE HUTENSKY GROUP ONE FINANCIAL PLAZA 10TH FLOOR HARTFORD CT 06103	Principal Office Address C/O THE HUTENSKY GROUP ONE FINANCIAL PLAZA 10TH FLOOR HARTFORD CT 06103
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 11/16/1994	5a. Capital Contributions as Shown on record. \$13,735,000.00
3a. Date of Last Report 01/26/1996	
4. State or Country of Formation CT	5b. Amount of Capital Contributions in FLORIDA to date:
6. FEI Number 06-1407051	<input type="checkbox"/> Applied For <input 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 ALLAN HUTENSKY 7843 MANDARIN DRIVE BOCA RATON FL 33433	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code
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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 _____

**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
CMH, INC.	C/O ONE FINANCIAL PLA	HARTFORD CT 06103	F94000005114
URBAN PROPERTIES, INC.	C/O 140 GARDEN STREET	HARTFORD CT 06154	F94000005923

800002019088--2
-12/04/95--01038--019
***585.00 ***585.00

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 in 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 November 7, 1996
Typed or Printed Name of General Partner Signing Form: Allan Hutensky Daytime Telephone Number: (860) 597-2000

CR2E003 (6/96)