FILE ON OR BEFORE APRIL 9, 1997 TO AVOID 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

97 APR - 6 AM 9: 21

				TO THE POST OF THE STATE OF THE	9°	
1. Name of Limited Partnership	1a. DOCUMENT # B95000000201					
TAMPA BAY ARENA, LTDx LP		. [
•			i	BK 4	14197	
Mailing Address	Principal Office Address SetACASS XCBMMERCORBAND. SUREAL SUR TANKA 記述報報			3. Date Formed or Registered	58. Capital Contributions as Shown on record.	
XOVJENENEMENOS				06/02/1995	\$990,000.00	
BLUTECHOOL Sanda Elicorool				38. Date of Last Report 04/26/1996		
AAAAAA					5b. Amount of Capital Contributions in FLORIDA	
2. Malling Address	2a. Principal Office Address 401 Channelside Dr.			4. State or Country of Formation	to date:	
401 Channelside Dr.				DE	\$990,000.00	
Sulte, Apt. #, etc. Ice Palace	Sulte, Apt. #, etc. Ice Palace			6, FEI Number 59-3316446	Applied For	
City & State	City & State				Not Applicable	
Tampa FL Zip Country	Tampa FL			7. Certificate of Status Desired	\$8.75 Additional Fee Required	
33602 USA	33602	USA		8. Make check payable to: Dept. of §	State (See reverse side for fee Information)	
9. Name and Address of Current Registered Agent			10. If changed, new Registered Agent/Office			
CARLTON, FIELDS, WARD, ET AL ATTN: PAUL C. DAVIS		Name				
		Street Address (P.O. Box Number Is Not Acceptable)				
ONE HARBOUR PLACE, SUITE 500		Suite, Apt. #, etc.				
TAMPA FL 33602	City			FL Zip Code		
10a. Pursuant to the provisions of sections 620.1051 and 62 the purpose of changing its registered office or register I am familiar with, and accept the obligations of section	ed agent, or both, in the State of Fiorida.	d limited parine Such change w	ership organi vas authoriz	ized or registered under the laws of the ed by its general partner(s). I hereby ac	State of Florida, submits this statement for	
SIGNATURE (Registered Agent Accepting Appointment) A CENIED AL DARTALED THAT IS A CORDON ATION LIMITED DARTALED SHIP OF OTHER PHONES ENTITY					D DUOINEGO ENTITY	
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	l Partner x Numbers)	11b.	City, State & Zip Code	11c. Registration/ Document Number	
LIGHTNING ARENA, INC.	58 MEX KENNIKOV AR WOX 401 Channelside Dr.		TAMPA FL 33602		P94000040025	
				೦೦೦೦೦೭	1380902	

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

1 do hereby certify that the Information supplied with this faling 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 Spatistes.

Typed or Printed Name of General Partner Signing Form

SATO

LIGHTWING Daytime Telephone Number (813) 276 -7371

..... DATE _

****550.00 ****550.00