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

a. DOCUMENT # **B9500000321**

SECRETARY OF STATE DIVISION OF CORPORATIONS

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SCG - ACP I LIMITED PARTNERSHIP

9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Sure Address (P.O. Box Number is Not Acceptable) 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 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 820.192. Florida Statutes. SIGNATURE (Registered Agent Accepting Appointment) 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. (po NOT use Post Office Box Numbers) THREE PICKWICK PLAZA, GREENWICH CT 06830 F95000004359 Referration GREENWICH CT 06830 F95000004359								
2. Mailing Address 28. Principal Office Address 28. Principal Office Address 28. Principal Office Address 29. State City & State of Porcia, submitte this statement to the propose of implication of section (20 192 - Porcia Statement or against and partner(b). I hereby accept the speciniment of registered again 1 an familiar with, and accept the obligations of section (20 192 - Porcia Statement or against and partner(b). I hereby accept the appointment of registered again 1 and familiar with, and accepting Appointment or City of State of Porcia, such change was authorized by its general partner(b). I hereby accept the speciniment of registered again 1 and familiar with and accepting Appointment of State of Porcia, State of	THREE PICKWICK PLAZA SUITE 250		THREE PICKWICK PLAZA SUITE 250			09/07/1995 3a. Date of Last Report	\$6,039,000.00	
28. Principal Office Address Suite, Apt. #, etc Suite, Apt. #, etc City & State City & State Country Zip Country In Amnee and Address of Current Registered Agent To . It changed, new Registered Agent/Office C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptab					-		5b. Amount of Capital Contributions in FLORIDA to date:	
City & State Country Country Country Zip Country To Country	2. Mailing Address		2a. Principal Office Address					
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Zip Country Zip Country 8. Make check payable to Dept of State (See reverse cide for fee information 9. Name and Address of Current Registered Agent 10. If changed, new Registered Agent/Office C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Sirrert Address (P.O. Box Number is Not Acceptable) Suck, Apt. #, etc. City FL Zip Code The purpose of changing its registered disc or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). Thereby accept the appointment of registered agent accept the obligations of section 620 192. Provide Statutes. SIGNATURE (Registered Agent Accepting Appointment) 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. (no NOT use Paid Office Box Number) SCG - ACP GP I, INC. THREE PICKWICK PLAZA, GREENWICH CT 08830 F95000004359 ***********************************	City & State		City & State					
CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Size Address (P.O. Box Number is Not Acceptable) FL Zip Code Cty FL Zip Code The purpose of changing its registered office or registered agent, or both, in the State of Florida, submit this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida, submit bits statement for the purpose of changing its registered Address of section 620 192. Plorida Statutes. SIGNATURE (Registered Agent Accepting Appointment) 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. Name(s) of General Partner(s) 11b. Cty, State & Zip Code 11c. Registration/Document Number SCG - ACP GP I, INC. THREE PICKWICK PLAZA, GREENWICH CT 08830 F95000004359 **********576**, 25 *********576**, 25 *********576**, 25	Zip	Country Zip Countr		Country				
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10a. Pursuant to the provisions of sections 620,1051 and 620,1192. Florida Statutes, the above-named limited pertnership organized or registered under the laws of the State of Rorida, submits this statement for the purpose of changing its registered office or registered by its general partner(s). Thereby accept the appointment of registered agent. I an familiar with, and accept the obligations of section 620,192. Plorida Statutes. SIGNATURE (Registered Agent Accepting Appointment) 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) 11b. City, State & Zip Code 11c. Registration/Document Number SCG - ACP GP I, INC. THREE PICKWICK PLAZA, GREENWICH CT 06830 F95000004359 ***********************************				Street Address (P.O. Box Number is Not Acceptable)				
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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

Jerome C. Silvey

ects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee

Daytime Telephone Number

this annual report is true and accurate and that my signature shall have the same legal ef

empowered to execute this report as required by chapter 620, Florida Stat

SIGNATURE

Typed or Printed Name of General Partner Signing Form

CR2E003 (6/96)

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