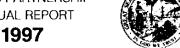
FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT



TRADE CENTER COMPLEX LIMITED PARTNERSHIP

FLORIDA DEPARTMENT OF STATE

Sandra Mortham

Secretary of State
DIVISION OF CORPORATIONS

1. Name of Limited Partnership

na. DOCUMENT # B96000000065 DIVISION OF CORPORATIONS

96 OCT 11 PM 3: 43



T IS A CORPORATION, ST BE REGISTERED A 11a. (Do NOT Use Post Office	, LIMITED F ND ACTIVE lecal Partner b Box Numbers)	ARTNÉRSHIP OR OTH WITH THIS OFFICE.		
or registered agent, or both, in the State of l ons of section 620,192. Florida Statutes	Florida Such change	was authorized by its general partner(s). The	FL Zip Code of the State of FLor da, submits this statement hereby accept the appointment of registered	
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301		Street Address (P.O. Box Number Is Not Acceptable)		
9. Name and Address of Current Registered Agent		10. (Echanged, new Registered Agent/Office Name		
	Country		of State (See reverse side for fee informatio	
City & State		7. Certificate of Status Desired	Not Applicable \$8.75 Additional Fee Required	
Suite, Apt #, etc.	W WAR &	DE 6. FEI Number	26,007,149	
2a Principal Office Address		4. State or Country of Formation	5b. Amount of Capital Contributions in FEORIDA to date	
% GE INVESTMENTS 3003 SUMMER STREET STAMFORD CT 06904		38. Date of Last Report	\$26,007,149.41	
Principal Office Address		02/15/1006	Shawn on record	
	* GE INVESTMENTS 3003 SUMMER STREET STAMFORD CT 06904 2a. Principal Office Address Suite, Apt #, etc. City & State Zip Int Registered Agent TIS A CORPORATION ST BE REGISTERED A Address of Lach Ger 11a. (Do NOT Use Post Office)	* GE INVESTMENTS 3003 SUMMER STREET STAMFORD CT 06904 2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country Int Registered Agent Name Street Address Suite, Apt. #, etc. City Int Registered Agent Name Street Address Suite, Apt. #, etc. City Int Registered Agent Name Street Address Suite, Apt. #, etc. City Int Registered Agent Name Street Address Suite, Apt. #, etc. City Int Registered Agent Name Street Address Suite, Apt. #, etc. City Int Registered Agent Name Street Address Suite, Apt. #, etc. City Int Registered Agent Name Street Address Suite, Apt. #, etc. City Int Registered Agent Name Street Address Suite, Apt. #, etc. City Int Registered Agent Name Street Address Suite, Apt. #, etc. City Int Registered Agent Name Street Address Suite, Apt. #, etc. City Int Registered Agent Name Street Address Suite, Apt. #, etc. City Int Registered Agent Name Street Address Suite, Apt. #, etc. City Int Registered Agent Name Street Address Suite, Apt. #, etc. City Int Registered Agent Name Street Address Suite, Apt. #, etc.	* GE INVESTMENTS 3003 SUMMER STREET STAMFORD CT 06904 2a. Principal Office Address DE Suite, Apt. #, etc. City 8 State 7. Certif cate of Status Desired Name Street Address (P.O. Box Number Is Not Acceptable). { , } Suite, Apt. #, etc. City In Street Address (P.O. Box Number Is Not Acceptable). { , } Suite, Apt. #, etc. City And 620 192. Florida Statutes the above named limited partnership organized or registered under the laws or registered agent, or both, in the State of Florida Such change was authorized by its general partner(s). It can be seen agent, or both, in the State of Florida Such change was authorized by its general partner(s). It can be seen agent, or both, in the State of Florida Such change was authorized by its general partner(s). It is a CORPORATION, LIMITED PARTNERSHIP OR OTHER BEREGISTERED AND ACTIVE WITH THIS OFFICE. 11a. (Do NOT Use Post Office Box Numbers) 11b. City, State 8 Zip Code	

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-poliphonic 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.

SIGNATURE

empowered to execute this report as

" mighael T. Strone

ed by chapter 620, Flor da Statutes

DATE: 10/7/96

Daytime Telephone Humber (203) 326 -2300

R2E003 (6/96)

1201 HAYS STREET 800-342-8086 ELLAHASSEE, FL 32301-2607





ACCOUNT NO.

072100000032

REFERENCE

115479

8630A

AUTHORIZATION

COST LIMIT

ORDER DATE: October 9, 1996

ORDER TIME: 11:47 AM

ORDER NO. : 115479-045

CUSTOMER NO:

8630A

CUSTOMER: Ms. Alissa Heller

Ge Investment Co.

Registered Agent Department

1013 Centre Road

Wilmington, DE 19805



ANNUAL REPORT FILING

NAME:

TRADE CENTER COMPLEX LIMITED

PARTNERSHIP

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING

CONTACT PERSON: VICKI PEREZ

EXAMINER'S INITIALS:

