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

Sand-a Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partnership

DOCUMENT# B9600000254

SECRETARY OF STATE DIVISION OF CORPORATIONS 47

97 JAN 24 PM 12: 06



120 CANAGE STREET WILMINGTON DE 19801 2. Mailing Address 2a. Principal Office Address DE 55. Amount of Capital To declare in FLORDA	SSET COLLECTORS, LTD) .] 1908/100 (1907) 1979/17 	זפטן זמנה הנוגע נספגו שנוסט אנובט ונועט ווהסס הוגעם חוובט ונועס	
Surfax Appl. in. etc. Surf	Mailing Address	Principal Office Address	<u></u>		d 5a. Capital Contributions as Shown on record.	
2. Moling Address 3. Moling Address 4. States of Country 5. Address 5. Moling Address	• • • • • • • • • • • • • • • • • • • •			\$12,412.00		
28. Principal Office Address 28. Principal Office Address DE 56, 411.00 56, 411.00 56, 411.00 56, 411.00 56, 411.00 57. Certificate of Status Desired 79. Name and Address of Current Registered Agent 79. Name and Address of Current Registered Agent 70. It changed new Registered AgentOffice CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Suite, Apt. 4, etc. City 6. Status Sheet Address (F.O. Box Number is Not Acceptable) Sheet Address (F.O. Box Number is Not Acceptable is Desired (F.O. Box Number is Not Acceptable) Sheet Address (F.O. Box Number is Not Acceptable is Desired					5b. Amount of Capital Contributions in FLORIDA	
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc.	2. Mailing Address	28. Principal Office Address			oon to date:	
T. Certificate of Status Desired Se.75 Addition Per Required Per Required Se.75 Addition Per Required	Suite, Apt. #, etc.	Suite, Apt. #, etc.			Applied For	
Per Regulated 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 F1. 33324 Sirest Address (P.O. Box Number is Not Acceptable) Surest Address (P.O. Box Number is Not Acceptable) Surest Address (P.O. Box Number is Not Acceptable) 10a. Pursuant to the proposition of accessing	City & State	City & State			7. Certificate of Status Desired \$8.75 Additional	
CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Sire Address (P.O. Box Number is Not Acceptable) The Address of South Change was authorized by its general partner(s). I hereby accept the appointment of registered Agent Acceptage Appentionen DATE A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENT MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. 11. Name(s) of General Partner(s) 11a. (Address of Soc) General Partner MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. 11b. Name(s) of General Partner(c) 11c. (Do NOT Use Post Office Box Numbers) TWO AH, LC. S851 SAN FELIPE, #300 HOUSTON TX 77057 M98000000240 Note: General partners MAY NOT be changed on this form; an amendment must be filled to change a general partner 12. Too hereby certify that the information supplied with this lifer jis voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(6). Pioride Statutes I release the Division of Corporations from any Itaality of non-compliance will Section 119.07(3)(6) in the overtility in the information supplied decreased from public access. I further certify that the information number is not accounted and that may subject of the certified partnership, receiver or the information independent private in a decrease the original partnership, receiver or the restriction of the properties to a read accurate and that may subject effects as if made under oder. I further certify that it as independent private in the information independent and the infinited partnership, receiver or the certified partnership, receiver or the certified part	Zip Country	Zip	Zip Country		Fee Required 8. Make check payable to: Dept. of State (See reverse side for fee information	
CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Sireat Address (P.O. 8ox Number is Not Acceptable) Streat Address (P.O. 8ox Number is Not Acceptable) Substance of the provisions of sections 620 1051 and 620 192. Florido Statutes, the above named limited partnership organized or registered under the laws of the State of Florida, submits this state of the purpose of changing its registered office or registered agent and analysis registered accept the appointment of registered Agent Accepting Appairment) A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENT MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. 11. Name(s) of General Pertner(s) 11a. (No NOT Use Post Office 8ox Numbers) TWO AH, LC. S851 SAN FELIPE, #300 HOUSTON TX 77057 M96000000240 Note: General partners MAY NOT be changed on this form; an amendment must be filled to change a general part 12. Too heetly certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(6). Florida Statutes. Irelease the Division of Corporations from any labelity of our compliance will specified in the information of supplied with this lifting is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(6). Florida Statutes. Irelease the Division of Corporations from any labelity of our compliance will specified to this amount should secons it further certify that the information inductions from any labelity of our compliance will specified to the information inductions from any labelity of our compliance will specified to the information inductions from any labelity of our compliance will specified the state of the information inductions from any labelity of our compliance will specified to set made under oath. Interity that it as independent and interity that it as independent will be information inductions from any labelity of our compliance will get effect as a fire and endered out. Interity that i	9. Name and Address of	Current Registered Agent		10. If changed new Reg	gistered Agent/Office	
Street Address (P.O. Box Number is Not Acceptable) Suito, Apt #, etc. City FL Zip Code The purpose of changing its registered drice 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 Acceptage Agent Accept	C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD		Name			
City FL Zip Code FL Zip Co			Street Address (P.O. Box Number Is Not Acceptable)			
10a. Pursuant to the provisions of sections 620 1051 and 620 192, Florida Statutes, the above-handel limited partnership organized or registered under the laws of the State of Florida, submits this state for florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered and accept the obligations of section 620 192. Florida Statutes. SIGNATURE (Registered Agent Accepting Appointment) A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENT MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. 11. Name(s) of General Partner(s) 11a. (Do NOT Use Post Office Box Numbers) TWO AH, LC. S851 SAN FELIPE, #300 HOUSTON TX 77057 M98000000240 Note: General partners MAY NOT be changed on this form; an amendment must be filled to change a general partner. 12. I do hereby centry 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 lability of non-compliance with, Section 119.07(3)(k) in the event that the information supplied is deemed evernyl from public access. I further centrylly that the information inclined this annual report is true and accurate and that my segments shall have the same legal effects of each. II further centrylly that the niformation inclined partnership, receiver or centre.			Suite, Apt #, etc.			
10a. Pursuant to the provisions of sections 620 1051 and 620 192, Floride Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered of charging 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. IDATE A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENT MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. 11. Name(s) of General Partner(s) 11a. (Do NOT Use Post Office Box Numbers) 11b. City, State & Zip Code 11c. December 11			City Zip Code			
TWO AH, L.C. 5851 SAN FELIPE, #300 HOUSTON TX 77057 M96000000240 1 0 0 0 2 0 7 1 3 5 101/28/9701169020 ******533.63 *******533.1 Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner 1. Too hereby certify that the information supplied with this liting 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 indicaths annual report is true and accurate and that my substance 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 of the limited partnership and limited partnership.	A GENERAL PARTNER TI	HAT IS A CORPORATION, JUST BE REGISTERED AN	ND ACTIV	PARTNERSHIP OR OTE WITH THIS OFFICE.	THER BUSINESS ENTITY	
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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 indication indication in the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver of the limited partnership.						
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 indicates 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 o	Note: General partners MAY	NOT be changed on this for	m; an ame	endment must be filed to	change a general partner.	
empowered to execute this report as required by challer 620. Florida Statutes.	Corporations from any liability of non-complia this annual report is true and accurate and the	ince with Section 119.07(3)(k) in the event that the at my signature shall have the same legal effects a d by charter 620. Florida Statutes.	information suppl as if made under c	lied is deemed exempt from public access path. I further certify that I am a General Pa	 I further certify that the information indicated our truer of the limited partnership, receiver or trust 	
SIGNATURE ON CHRISTOPHEN D. WINTIERS DATE 1/2/4/4	SIGNATURE (XXIV)	CHRISTOPH	YER N.	WINTERS DAT	[] [] [] [] [] [] [] [] [] [] [] [] [] [

TWO AH, L.C.

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