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

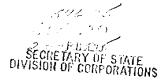
LIMITED PARTNERSHIP ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Sandra Mortham

Secretary of State DIVISION OF CORPORATIONS



96 DEC +8 ANTI: 04

1. Name of Limited Partnership		18.B9600000	DOCUMENT # B9600000320		4 DERING 1808 NAMA BANG RANG	1 <b>2 2</b> 014 <b>2 3 14 1 5 1</b> 014	1911)	
CR N	METROWEST LIMITED	PARTNERSHIP					1811 <b>1</b> 010 1110 1101 1111 1111	
Mailing Address 717 N. HARWOOD, SUITE 122 LB 128 DALLAS TX 75201		Principal Office Address 717 N. HARWOOD. SUITE 12: LB 128 DALLAS TX 75201	717 N. HARWOOD. SUITE 122 LB 128		3. Date Formed or Registered 08/15/1996 38. Date of Last Report	5a. Capital Contributions as Shown on record.		
2. Mail	ing Address	2a. Principal Office Address			4. State or Country of Formation	to da	unt of Capital ributions in FLORIDA te: 495,099	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		6. FEI Number	Applied For		
_City & State		City & State	City & State		<u> </u>		Not Applicable  \$8.75 Additional Fee Required	
Zıp	Country	Zip	Zip Country		8. Make check payable to: Dept. c		Fee Required of State (See reverse side for fee information	
9. Name and Address of Current Registered Agent			Name		10. If changed, new Registe	red Agent/Office		
541	eksema, douglas a South Orlando Avenue, su Tland Fl 32751	ΠE 210	}		D. Box Number Is Not Acceptable)			
***					Zip Code			
1		51 and 620.192, Florida Statutes, the above-na ice or registered agent, or both, in the State of gations of section 620.192, Florida Statutes.	amed limited partne				rida, submits this statement	
SIGNATU	or the purpose of changing its registered off agent. I am familiar with, and accept the oblights RE (Registered Agent Accepting Appointme ENERAL PARTNER TH	ice or registered agent, or both, in the State of gations of section 620 192, Florida Statutes.  AT IS A CORPORATION	emed limited partne Florida Such chang	ge was autho	rized by its general partner(s). I h	I the State of Fio ereby accept the	rida, submits this statement e appointment of registered	
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Note  12. Id Cothic en	or the purpose of changing its registered off agent. I am familiar with, and accept the obliging the common of the	NOT be changed on this fo with this filing is voluntarily furnished and does with Section 110.7(3)(k) in the event that the rys signature shall have the same legal elfects by chapter 620, Florida Statutes.	TIMITED  ND ACTIV  Inval Partner  Box Numbers  UITE  This an ame  s not qualify for the e information supplices if made under of	PARTNIE WITH 11b. DALI	DAT  IERSHIP OR OTH  I THIS OFFICE.  City, State & Zip Code  LAS TX 75201  This office code  Las TX 75201	ER BUSI FR BUS	Registration/ Document Number  98000004031    Sample   Partner     P	