


FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Myrtham Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 98 FEB -5 PM 12:13	
1. Name of Limited Partnership CROCKER & ASSOCIATES, L.P.		1a. DOCUMENT # B96000000393			
Mailing Address 433 PLAZA REAL, SUITE 335 BOCA RATON FL 33432		Principal Office Address 433 PLAZA REAL, SUITE 335 BOCA RATON FL 33432		3. Date Formed or Registered 10/09/1996	
2. Mailing Address Suite, Apt. #, etc. City & State Zip Country		2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country		3a. Date of Last Report 12/30/1996	
				4. State or Country of Formation DE	
				5a. Capital Contributions as Shown on record. \$9,900.00	
				5b. Amount of Capital Contributions in FLORIDA to date: \$ 9,900.00	
				6. FEI Number 65-0691383	
				<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
				7. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				8. Make check payable to: Dept. of State (See reverse side for fee information)	



9. Name and Address of Current Registered Agent GRAGG, K. LAWRENCE 200 S. BISCAYNE BLVD., SUITE 4900 MIAMI FL 33131		10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City	
		100002426941---C -02/10/98--01075--008 ****173.05 ****173.05 FL	

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for 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 of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) _____

DATE _____

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) CROCKER OF CORPORATION CROCKER REALTY TRUST, L.P. Amendment filed 10-7-97	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 433 PLAZA REAL, SUITE 335	11b. City, State & Zip Code BOCA RATON FL 33432	11c. Registration/Document Number P00000000000 B97-0452 JC 82-5
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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 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 500, Florida Statutes.

SIGNATURE _____

VP of GP

DATE

12/29/97

Typed or Printed Name of General Partner Signing Form

Robert E. Onisko

Daytime Telephone Number

561 395 9666

CR2E003 (6/97)