

**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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 JAN -3 PM 1:56

mtu
1/9

1. Name of Limited Partnership	1a. DOCUMENT # 396000000489
THE PARK AT COUNTRYSIDE LIMITED PARTNERSHIP	

Mailing Address 1004 FARNHAM # 400 OMAHA NE 68102	Principal Office Address SAME
2. Mailing Address 1004 FARNHAM ST Suite, Apt. #, etc. 400 City & State OMAHA NE Zip 68102 Country USA	2a. Principal Office Address 1004 FARNHAM Suite, Apt. #, etc. 400 City & State OMAHA NE Zip 68102 Country USA

3. Date Formed or Registered 12/19/96	5a. Capital Contributions as Shown on record \$2,621,720
3a. Date of Last Report 12/19/96	5b. Amount of Capital Contributions in FLORIDA to date 0
4. State or Country of Formation Tennessee	
6. FEI Number APPLIED FOR	<input checked="" type="checkbox"/> Applied For <input 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) \$191.25	

9. Name and Address of Current Registered Agent
CT Corporation
1200 S. Pine Island Rd
Plantation, FL 33324

10. If changed, new Registered Agent/Office

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt #, etc.
City
FL Zip Code

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)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/ Document Number
THE PARK AT COUNTRYSIDE OPERATING COMPANY	1004 FARNHAM # 400	OMAHA NE 68102	F9600006071
100002058051--9 -01/14/97--01178--019 ****191.25 ****191.25			

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 620, Florida Statutes.

SIGNATURE Michael Theising DATE 12/31/96
Typed or Printed Name of General Partner Signing Form MICHAEL THEISING Daytime Telephone Number (402) 444 1630

CR2E003 (6/96)