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

LIMITED PARTNERSHIP ANNUAL REPORT 1002



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

SECRETARY OF STATE DIVISION OF CORPORATIONS

1990	DIVISIO	DIVISION OF CORPORATIONS			07.007.00 EM 0.00		
Name of Limited Partnership	1a. DO0	1a. DOCUMENT#		97 OCT 20	Ari 9: 32		
	B970000004	B97000000479					
RANCHO BERNARDO CORPO	PRATE CENTER, LI	TD.					
Principal Office Address (Same) 60 North Hotel Circle] -	3. Date Formed or Registered 5a. Capital Contributions as Shown on record.			
Suite 200				a. Date of Last Report	5,000,000		
San Diego, CA 92108				n/a State or Country of Formation	5b. Amount of Capital Contributions in FLORIDA to date:		
2. Mailing Address	2a. Principal Office Ac	ddress		State of Country of Formation	10 2012		
same as #1	same as #1			CA	\$5,000,000		
Suite, Apt. #, etc. City & State	Suite, Apt. #, etc. City & State			FEI Number 95-38145	4 7 Applied For Not Applicable		
City & State	City & State		7	Certificate of Status Desired	\$8.75 Additional Fee Required		
Zip Country USA	Zip	Country USA	8	Make check payable to: Dept. of	Fee Hequired State (See reverse side for fee Information		
9. Name and Address of C		10. If changed, new Registered Agent/Office					
DOT COMP	Name						
F&L Corp.	Street Addi	Street Address (P.O. Box Number Is Not Acceptable)					
200 Laura Street Jacksonville, Florida 32202		Suite, Apt	Suite, Apt. #, etc. 100002327131B -10/22/9701090020				
		City	*****541. 25				
10a. Pursuant to the provisions of sections 620.10 for the purpose of changing its registered of agent. I am familiar with, and accept the oblict SIGNATURE (Registered Agent Accepting Appointme	fice or registered agent, or both, in the Sigations of section 620, 192, Florida Statuant)	State of Florida. Such char utes.	nge was authori	DATE	eby accept the appointment of registered		
M	UST BE REGISTERE	D AND ACTIV	VE WITH	THIS OFFICE.	Pegistration/		
11. Name(s) of General Partner(s)	11a. (Do NOT Use Pos	st Oflice Box Numbers)	11b.	City, State & Zip Code	11c. Document Number		
DOUGLAS ALLRED INVEST	MENT						
COMPANY	1660 North	Hotel	San I	Diego, CA 921	08 F96000004543		
4	Circle			•			
•	Suite 200				1		
					10-21		
Note: General partners MAV I	NOT be changed on the	is form: an am	endment	must be filed to ch	ange a general partner		

12. I do hereby certify that the Information supplied with this filling 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.

DOUGLAS ALLRED INVESTIBLY COMPANY, General Partner

Typed or Printed Name of General Partner Signing Form DOUGLAS ALLRED INVESTMENT COMPANY Telephone Number (619)