

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

LIMITED PARTNERSHIP ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE B97000000550 SECRETARY OF STATE DIVISION OF CORPORATIONS		FILED 97 DEC -4 PM 2: 26 SECRETARY OF STATE TALLAHASSEE FLORIDA BK	
1. Name of Limited Partnership Rand Industries Realty No. 101 Limited Partnership		1a. DOCUMENT # B97000000550			
Mailing Address o/o Rand Industries, Inc. 28 Pond Street Nashua, New Hampshire 03060		Principal Office Address SAME		3. Date Formed or Registered 10/15/97	
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 N/A	
				4. State or Country of Formation MA	
				5a. Capital Contributions as Shown on record \$6,000,000	
				5b. Amount of Capital Contributions in FLORIDA to date: \$6,000,000	
				6. FEI Number 04-2534337 <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 Corporation Service Company 1201 Hays Street Tallahassee, Florida 32301		10. If changed, now Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City 500002368575-8 -12/10/97-01098-018 ****541.25 ****541.25 FL	
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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) Cleo Realty, Inc.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 534 Bontana Avenue	11b. City, State & Zip Code Fort Lauderdale Florida 33301	11c. Registration/ Document Number P97000089629
BK 12/4/97			

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 *Kashy M. Cook*
Typed or Printed Name of General Partner Signing Form: Cleo Realty, Inc.

DATE 11/26/97

Daytime Telephone Number (954) 765-0500*

CR2E003 (6/97)