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. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1. Name of Limited Partnership

1a. DOCUMENT # **A08744** FILED
Dec 29 1997 8:00 am
Secretary of State



			i e e e e e e e e e e e e e e e e e e e	
failing Address	Principal Office Address		3. Date Formed or Registered	5a. Capital Contributions as Shown on record.
9551-4 BAYMEADOWS ROAD JACKSONVILLE FL 32256	9551-4 BAYMEADOWS ROAD JACKSONVILLE FL 32256		03/28/1980	\$104,737.50
			3a. Date of Last Report	क् १०५,१७१,३०
			12/20/1996	5b. Amount of Capita' Contributions in FLORIDA
	20 0: :::::::::::::::::::::::::::::::::		4. State or Country of Formation	to date:
2. Mailing Address	2a. Principal Office Address		FL	
Suite, Apt. #, etc.	Suite, Apt. #, etc. City & State		6. FEI Number	
			59-2015780 7. Certificate of Status Desired	Applied For Not Applicable
City & State				
Zip Country	Zip Country			Feo Required
			8. Make check payable to: Dept	of State (Suo reverso side for fee informa-
9. Name and Address of	Current Registered Agent		10. If changed, new Registe	red Agent/Office
g, Harrie and Address of	A	Name		
WALLACE, DENISE L. ,\Q		Street Address (P.O. Box Number Is Not Acceptable)		
*** — *** *** ***	11' 10	Street Address	ss (P.O. Box Number Is Not Acceptable)	
9551 - 4 BAYMEADOWS ROAD	11.00			
	nd 16.00	Street Addres		
9551 - 4 BAYMEADOWS ROAD JACKSONVILLE FL 32258	M 650.	Suite. Apt. #,	etc	FL 71p Code
9551 - 4 BAYMEADOWS ROAD JACKSONVILLE FL 32258 10a. Pursuant to the provisions of sections 620 for the purpose of changing its registered cagent. Lam familiar with, and accept the old SIGNATURE (Registered Agent Accepting Appointm A GENERAL PARTNER T	iffice or registered agent or both, in the State of digations of section 620, 192, Florida Statules.	Suite Apt. 4, City amed limited pather Florida, Such chang	etc ship organized or registered under the laws or go was authorized by its general partner(s). I h	FL I fithe State of Florida, submits this statement of registere appointment of registere
9551 - 4 BAYMEADOWS ROAD JACKSONVILLE FL 32258 10a. Pursuant to the provisions of sections 620 of for the purpose of changing its registered cagent. Lam familiar with, and accept the oil. SIGNATURE (Registered Agent Accepting Appointm A GENERAL PARTNER TI	office or registered agent or both, in the State of aligations of section 620-192, Florida Statules. HAT IS A CORPORATION MUST BE REGISTERED A	Suite Apt 4, City amed limited partner Florida Such chang	etc ship organized or registered under the laws or go was authorized by its general partner(s). I h	f the State of Florida, submits this stateme ereby accept the appointment of register
9551 - 4 BAYMEADOWS ROAD JACKSONVILLE FL 32258 10a. Pursuant to the provisions of sections 620 for the purpose of changing its registered agent. Lam familiar with, and accept the observation of the purpose Agent Accepting Appoints A GENERAL PARTNER TIME TIME 11. Name(s) of General Partner(s)	iffice or registered agent or both, in the State of ligations of section 620.192, Florida Statules. HAT IS A CORPORATION MUST BE REGISTERED A Address of Fach Go NOT Use Fost Office	Suite Apt. 4, City amed limited perior Florida Such chang , LIMITED IND ACTIV neral Partner e Hox Numbers)	etc ship organized or registered under the laws or go was authorized by its general partner(s). I h DAT PARTNERSHIP OR OTH E WITH THIS OFFICE. 11b. Cty, State & Zip Code	FL fthe State of Florida, submits this statemeterby accept the appointment of registers ER BUSINESS ENTITY
9551 - 4 BAYMEADOWS ROAD JACKSONVILLE FL 32256 10a. Pursuant to the provisions of sections 620 for the purpose of changing its registered cagent. I am familiar with, and accept the oil. SIGNATURE (Registered Agent Accepting Appointm A GENERAL PARTNER TI	office or registered agent or both, in the State of aligations of section 620-192, Florida Statules. HAT IS A CORPORATION MUST BE REGISTERED A	Suite Apt. 4, City amed limited perior Florida Such chang , LIMITED IND ACTIV neral Partner e Hox Numbers)	etc rship organized or registered under the laws or go was authorized by its general partner(s). I h DAT PARTNERSHIP OR OTH E WITH THIS OFFICE, 11b. Cty, State & Zip Code JACKSONVILLE FL	FL fthe State of Florida, submits this statement of registers accept the appointment of registers ER BUSINESS ENTITY

2. I do hereby certify that the information supplied with this filling is voluntarily furnished and does full 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 eyept 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 they arrive gold official as if made under eath. 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.

DATE 10/27/9

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

E003 (9/97)