

**FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

FILED

95 OCT -8 PM 4: 16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED PARTNERSHIP ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra Mortham Secretary of State DIVISION OF CORPORATIONS
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1. Name of Limited Partnership GREEN COVE SPRINGS, A LIMITED PARTNERSHIP	1a. DOCUMENT # A19073
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2. Mailing Address C/O ALLEN G. AARONSON 3400 US HIGHWAY 17 NORTH GREEN COVE SPRINGS FL 32043	2a. Principal Office Address C/O ALLEN G. AARONSON 3400 US HIGHWAY 17 NORTH GREEN COVE SPRINGS FL 32043
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

3. Date Formed or Registered 02/07/1985	5a. Capital Contributions as Shown on record \$280,488.80
3a. Date of Last Report 11/28/1995	
4. State or Country of Formation NY	5b. Amount of Capital Contributions in FLORIDA to date
6. FEI Number 59-1523692	<input 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)	

9. Name and Address of Current Registered Agent UNDERWOOD, M. HELEN MAGNOLIA SPRINGS APARTMENTS 3400 U.S. HIGHWAY 17 NORTH GREEN COVE SPRINGS FL 32043

10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) 500001977105--9 Suite, Apt. #, etc. -10716795--01064--012 City ***576.25 ***576.25 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
AVRS INC.	146 CENTRAL PARK	NEW YORK NY	P01237
ST. JOHNS PARTNERS	200 ASHFORD CTR. NORT	ALTANTA GA	G95335900015

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 form 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 *Richard D. Aaronson* DATE _____

Typed or Printed Name of General Partner Signing Form **Richard D. AARONSON** Daytime Telephone Number **770-379-9100**

CR2E003 (6/96)