

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 NOV 12 PM 3: 53

1. Name of Limited Partnership

1a. DOCUMENT #
A19243

FLEETWOOD ASSOCIATES, LTD.



Mailing Address

Principal Office Address

5001 PHILLIPS HWY #7B
JACKSONVILLE FL 32207

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JACKSONVILLE FL 32207

3. Date Formed or Registered

02/27/1985

5a. Capital Contributions as Shown on record.

\$30,000.00

3a. Date of Last Report

01/29/1997

5b. Amount of Capital Contributions in FL OF IDIA to date

4. State or Country of Formation

FL

2. Mailing Address

2a. Principal Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. FEI Number

59-2519309

Applied For
 Not Applicable

7. Certificate of Status Desired

\$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

PARSONS, A.T., JR.
5001 PHILLIPS HIGHWAY, #7B
JACKSONVILLE FL 32207

10. If changed, now Registered Agent/Office

Name

Street Address (P.O. Box Number) **700002346817--9**

Suite, Apt. #, etc.

11/13/97--01090--002

******313.75 ****313.75**

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

SOUTHERN PROPERTY PLANNERS,
TWK, INC.

5001 PHILLIPS HWY 7-B
1648 GULF LIFE DRIVE

JACKSONVILLE FL
JACKSONVILLE FL

J04498
J08181

ORL
11-12

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

Kenneth Drummond
Kenneth Drummond

DATE

10-31-97

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

904-737-1245

CR2E003 (6/97)