

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 25 PM 4: 10

1. Name of Limited Partnership

1a. DOCUMENT #
A30698

JM INVESTMENT PROPERTIES, LTD.



Mailing Address

C/O CHRISTOPHER MASON
P.O. BOX 041690
MAITLAND FL 32794-1690
US

Principal Office Address

C/O CHRISTOPHER MASON
P.O. BOX 041690
MAITLAND FL 32794-1690
US

3. Date Formed or Registered

10/10/1990

5a. Capital Contributions as Shown on record.

\$3,650,000.00

3a. Date of Last Report

02/28/1997

5b. Amount of Capital Contributions in FLORIDA to date:

4. State or Country of Formation

FL

2a. Mailing Address

2/a Christopher Mason
Suite, Apt. #, etc.
PO Box 547549
City & State
Orlando, FL
Zip Country
32854-7549 USA

2b. Principal Office Address

2/b Christopher Mason
Suite, Apt. #, etc.
1338 SW Ivanhoe Blvd
City & State
Orlando, FL
Zip Country
32804 USA

6. FEI Number

59-3033946

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

WILKINS, ROBERT C JR.
230 LOOKOUT PLACE
MAITLAND FL 32794

10. If changed, new Registered Agent/Office

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, etc.

City

500002367535-3

12/03/97-01108-012

***550.00 ***550.00

FL

Zip Code

10a. Pursuant to the provisions of sections 620.1061 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)

CCM MANAGEMENT, INC.

11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)

1338 SW IVANHOE BLVD

11b. City, State & Zip Code

ORLANDO FL 32804

11c. Registration/Document Number

P96000100196

OR
4-3

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 provided by chapter 620, Florida Statutes.

SIGNATURE

Christopher Mason Pres
D. Christopher Mason

DATE

11/21/97

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

407-423-2550

CR2E003 (6/97)