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

LIMITED PARTNERSHIP **SO ANNUAL REPORT** 

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ELORIDA DEPARTMENT DE STATE

Sandra B. Mortham

FILED 97 DEC 12 PH 12: 36

Secretary of State SECRETARY DESTAIL TALLAHASSEE, FLORIDA 115 1998 DIVISION OF CORPORATIONS DOCUMENT # 1. Name of Limited Partnership Ä31008 INDAV, LTD. 5a. Capital Contributions as Shown on record 3. Date Formod or Registered Malling Address Principal Office Address 12/28/1990 1315 BETTON ROAD 1315 BETTON ROAD \$997,302.60 TALLAHASSEE FL 32312 TALLAHASSEE FL 32312 3a. Date of Last Report 12/06/1996 **5b.** Amount of Capital Contributions in FLORIDA to date: 4. State or Country of Formation 2. Malling Address 2a. Principal Office Address FL Suite, Apt. #, etc. Suite, Apt. #, etc. 6. FEI Number Applied For 59-3064086 Not Applicable City & State City & State 7. Certificate of Status Desired \$8.75 Additional Country Country 8. Make check payable to: Dept. of State (See reverse side for fee information) 9. Name and Address of Current Registered Agent 10. If changed, new Registered Agent/Office Street Address (P.O. Box Number is Not Acceptable 2/17/97--01078--008
Suite. Apt. #, etc ####541, 25 ####541, 25 DAVENPORT, INEZ 1315 BETTON ROAD TALLAHASSEE FL 32312 Zip Code 10a, Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-hamed limited pertnership 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) . A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. Address of Each General Partner (Do NOT Use Post Office Box Numbers) Registration/ 11. Name(s) of General Partner(s) 11b. City, State & Zip Code 11c. Document Number DAVENPORT, INEZ 1315 BETTON ROAD TALLAHASSEE FL 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 Trelease 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 each. 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 Decy D. Waveyort	
Typed or Printed Name of General Partner Signing Form _ JNEZ	5. DAVENPORT