

**FILE ON OR BEFORE APRIL 9, 1997 TO AVOID REVOCATION
AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra Mortham Secretary of State DIVISION OF CORPORATIONS
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
97 MAR 24 AM 11:50

1. Name of Limited Partnership	1a. DOCUMENT # A93000000624
STUART LAND DEVELOPMENT, LTD.	



Mailing Address 800 S.E. MONTEREY COMMONS BLVD. SUITE 109 STUART FL 34996	Principal Office Address 800 S.E. MONTEREY COMMONS BLVD. SUITE 103 STUART FL 34996	3. Date Formed or Registered 06/03/1993	5a. Capital Contributions as Shown on record: \$800,000.00
		3a. Date of Last Report 05/28/1996	5b. Amount of Capital Contributions in FLORIDA to date:
2. Mailing Address		4. State or Country of Formation FL	
2a. Principal Office Address		6. FEI Number 65-0413008 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		7. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State		8. Make check payable to: Dept. of State (See reverse side for fee information)	
Zip Country			

9. Name and Address of Current Registered Agent KOHL, N. DEAN JR. 50 S.E. KINDRED STREET SUITE 107 STUART FL 34994	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) SUITE, Apt. #, etc. City
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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
TJM ASSOCIATES, INC.	416 FLAMINGO AVENUE	STUART FL 34996	P93000040828

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 *Charles H. Salter* _____ DATE _____

Typed or Printed Name of General Partner Signing Form _____ Daytime Telephone Number _____

CR2E003 (1/1/96)