

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

LIMITED PARTNERSHIP
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 JAN 30 PM 3:49



1. Name of Limited Partnership VAULT-COLLINS PARTNERS, LTD.	1a. DOCUMENT # A95000000084
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Mailing Address % THE VAULT GROUP, INC. 1301 RIVERPLACE BLVD., SUITE 2552 JACKSONVILLE FL 32207	Principal Office Address % THE VAULT GROUP, INC. 1301 RIVERPLACE BLVD., SUITE 2552 JACKSONVILLE FL 32207	3. Date Formed or Registered 01/12/1995	5a. Capital Contributions as Shown on record. \$7,500.00
2. Mailing Address Suite, Apt. #, etc. City & State Zip Country	2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country	3a. Date of Report 12/28/1995	5b. Amount of Capital Contributions in FLORIDA to date:
		4. State or Country of Formation FL	6. Filing Number 59-3289291
		7. Certificate of Status Desired	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
		8. Make check payable to: Dept. of State (See reverse side for fee information)	<input type="checkbox"/> \$8.75 Additional Fee Required

9. Name and Address of Current Registered Agent ALLEN, LAURA HENRY 200 LAURA ST., THIRD FLOOR JACKSONVILLE FL 32202	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code
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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
VGP HOUSING FOUNDATION, INC. JAB Investments, Inc. (See attached Amendment)	2030 HARTLEY ROAD, SU- 1301 Riverplace Blvd. Suite 2552	JACKSONVILLE FL 32257 32207	1000000000000 P9500000343
300002077693--3 -02/05/97--01001--009 ****943.75 ****156.25 dec \$156.25 (new fees)			

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 John J. Allen DATE 12/31/96

Typed or Printed Name of General Partner Signing Form John J. Allen Daytime Telephone Number (904) 391-0008

CR2E00046/96