

**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

96 NOV -7 PM 3: 28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



1. Name of Limited Partnership
KISSAWAY PLANTATION, LTD.

1a DOCUMENT #
A95000000976

*497-AR
CM*

Major Address C/O MORTON L. PLANASAN, ESQ. 225 WATER STREET, STE 1235 JACKSONVILLE FL 32202		Principal Office Address HIGHWAY 19 NORTH MONTICELLO FL 32245		3. Date Formed or Registered 06/29/1995	5a. Capital Contributions as Shown on record \$5,000,000.00
2. Mailing Address 11657 VILLAGE LANE Suite, Apt #, etc.		2a. Principal Office Address 11657 VILLAGE LANE Suite, Apt #, etc.		3a 05/02/1996 or:	5b. Amount of Capital Contributions in FLORIDA to date: \$522,680.22
City & State JACKSONVILLE, FL		City & State JACKSONVILLE, FL		4. State or Country of Formation FL	
Zip 32223	Country DUVAL	Zip 32223	Country DUVAL	6. 59-0321805 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
				7. Certificate of Status Desired <input type="checkbox"/> \$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 MCCORKLE, ALLAN J 11657 VILLAGE LANE JACKSONVILLE FL 32223		10. If changed, new Registered Agent/Office	
		Name	
		Street Address (P.O. Box Number Is Not Acceptable)	
		Suite, Apt #, etc.	
		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
KISSAWAY PLANTATION, INC.	11657 VILLAGE LANE	JACKSONVILLE FL 32223	P95000050786
MALLARD TRACE, INC.	HIGHWAY 19 NORTH 11657 VILLAGE LANE	MONTICELLO FL 32245 JACKSONVILLE, FL 32223	-P95000050795

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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 informant 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 *Allan J. McCorkle* **Allan J. McCorkle, President of Kissaway Plantation, Inc.** DATE **10/31/96**

Typed or Printed Name of General Partner Signing Form: **Allan J. McCorkle, General Partner** Daytime Telephone Number: **(904) 396-2020** 0000529

CR2E003 (6/96)