

**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

A 96000000557

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
97 APR 10 AM 11:05

1. Name of Limited Partnership		1a. DOCUMENT # A96000000557	
North Florida Financial Services, Ltd.			
2. Mailing Address		2a. Principal Office Address	
7700 Blanding Boulevard Jacksonville, FL 32244		7700 Blanding Boulevard Jacksonville, FL 32244	
3. Date Formed or Registered		5a. Capital Contributions as Shown on record	
3/22/96		\$1,000,000	
3a. Date of Last Report		5b. Amount of Capital Contributions in FLORIDA to date:	
		\$1,000,000	
4. State or Country of Formation		6. FEI Number	
Florida		59-3368875	
7. Certificate of Status Desired		<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
		\$8.75 Additional Fee Required	
8. Make check payable to: Dept. of State (See reverse side for fee information)			

BK 4/10/97

9. Name and Address of Current Registered Agent		10. If changed, new Registered Agent/Office	
Leas, Michael R., Esquire c/o Fisher, Tousey, Leas & Ball, P.A. One Independent Drive, Suite 2600 Jacksonville, Florida 32202		Name Street Address (P.O. Box Number, if not for mailing) Suite, Apt. #, etc. City	
		960002143005--8 -04/15/97--01005--012 ****585.00 ****585.00 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.			
DATE		DATE	

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name 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
Shad General Partner, Inc.	7700 Blanding Boulevard	Jacksonville, FL 32244	P96000025096

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 included 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.

By: **Shad General Partner, Inc., General Partner**

SIGNATURE _____ DATE **April 8, 1997**

Harold W. Shad, III, President Daytime Telephone Number **(904) 777-3673**

CR2E003 (6/96)