

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

**FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 97 APR 10 AM 11:06**

LIMITED PARTNERSHIP ANNUAL REPORT 1997

FLORIDA DEPARTMENT OF STATE  
Sandra Mortham  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

**A9600000558**

1. Name of Limited Partnership  
**Mike Shad Ford, Ltd.**

1a. DOCUMENT #  
**A9600000558**

3. Date Formed or Registered <b>3/22/96</b>	5a. Capital Contributions as Shown on record <b>\$5,000,000.00</b>
3a. Date of Last Report	5b. Amount of Capital Contributions in FLORIDA to date <b>\$5,000,000</b>
4. State or Country of Formation <b>Florida</b>	6. FEI Number <b>59-3368873</b> <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
2. Mailing Address <b>7700 Blanding Boulevard Jacksonville, FL 32244</b>	2a. Principal Office Address <b>7700 Blanding Boulevard Jacksonville, FL 32244</b>
2. Mailing Address Suite, Apt. #, etc.	2a. Principal Office Address Suite, Apt. #, etc.
2. Mailing Address City & State	2a. Principal Office Address City & State
2. Mailing Address Zip	2a. Principal Office Address Zip
7. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$0.75 Additional Fee Required</b>	8. Make check payable to: Dept. of State (See reverse side for fee information)

*Mk 4/10/97*

9. Name and Address of Current Registered Agent <b>Leas, Michael R., Esquire Fisher, Tousey, Leas &amp; Ball, P.A. One Independent Drive, Suite 2600 Jacksonville, FL 32202</b>	10. If changed, new Registered Agent/Office Name <b>100002143004-2</b> Street Address (P.O. Box Number is Not Acceptable) <b>-04/15/97--01005--011</b> Suite, Apt. #, etc. <b>***585.00 ***585.00</b> City <b>FL</b> 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.	
By: _____ (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
<b>Shad General Partner, Inc.</b>	<b>7700 Blanding Boulevard</b>	<b>Jacksonville, FL 32244</b>	<b>P96000025096</b>

**Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.**

12. I 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.

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

SIGNATURE *Harold W. Shad, III* DATE **April 8, 1997**

Typed or Printed Name of General Partner Signing Form **Harold W. Shad, III, President** Daytime Telephone Number **(904) 777-3673**

CR2E003 (6/96)