

FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 SEP 30 AM 10:51



1. Name of Limited Partnership	1a. DOCUMENT # A96000001222
BERKSHIRE PARTNERS (1996), LTD.	

Mailing Address 1834 HERMITAGE BLVD. SUITE 201 TALLAHASSEE FL 32308	Principal Office Address 1834 HERMITAGE BLVD. SUITE 201 TALLAHASSEE FL 32308	3. Date Formed or Registered 06/27/1996	5a. Capital Contributions as Shown on record. \$360,000.00
2. Mailing Address	2a. Principal Office Address	3a. Date of Last Report 02/14/1997	5b. Amount of Capital Contributions in FLORIDA to date:
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. State or Country of Formation FL	
City & State	City & State	6. FEI Number 59-3388029	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
Zip Country	Zip Country	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
MOTTICE, H. JAY 2111 N. MONROE STREET, SUITE 200 TALLAHASSEE FL 32303

10. If changed, new Registered Agent/Office
Name
Street Address (P.O. Box Number Is Not Acceptable)
1834 Hermitage Blvd.
Suite, Apt. #, etc.
Ste. 201
City, State & Zip Code
Tallahassee FL 32308

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
BERKSHIRE (1996), INC.	2111 N. MONROE STREET 1834 Hermitage Blvd. Ste 201	TALLAHASSEE FL 32308	P96000054982
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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 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 H. Jay Mottice DATE _____

Typed or Printed Name of General Partner Signing Form H. Jay Mottice Daytime Telephone Number 850-386-2117

CR2E003 (6/97)