

**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

97 JAN 16 PM 12:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2/1/97

1. Name of Limited Partnership	1a. DOCUMENT # <i>A96000002068</i>
Halliday Lane Family Partnership, LTD.	

Mailing Address 3999 Halliday Lane Jacksonville, FL 32207		Principal Office Address		3. Date Formed or Registered 11/08/96	5a. Capital Contributions as Shown on record. \$1,618,800.00
2. Mailing Address		2a. Principal Office Address		3a. Date of Last Report	5b. Amount of Capital Contributions in FLORIDA to date: \$1,618,800.00
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. State or Country of Formation Florida	
City & State		City & State		6. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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 Brant, Moore, Macdonald & Wells, P.A. 50 North Laura Street, Suite 3100 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) Bailey Enterprises of North Florida, Inc.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 3999 Halliday Lane	11b. City, State & Zip Code Jacksonville, FL 32207	11c. Registry/Document Number P96000091602
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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.

BAILEY ENTERPRISES OF NORTH FLORIDA, INC.

SIGNATURE By: *Lorraine R. Bailey*

DATE

Jan 14, 1997

Typed or Printed Name of General Partner Signing Form

Lorraine R. Bailey, President

Daytime Telephone Number

(904) 398-1337

CR2E003 (6/96)