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

LIMITED PARTNERSHIP



FLORIDA DEPARTMENT OF STATE

SECON FILED

Mailing Address Principal Office Address 3. Date Fo. P. O. BOX 3256 P. O. BOX 3256 PENSACOLA FL 32516 3a. Date 10/31, PENSACOLA FL 32516 PENSACOLA FL 32516 3a. Date 110/04, 2. Mailing Address 2a. Principal Office Address FL Suite, Apt. #, etc. Suito, Apt. #, etc. 6. FEI Nur City & State City & State City & State 7. Certifice Zip Country Zip Country 7. Certifice 8. Make of 7. Certifice 8. Make of 8. Make of 8. Street Address of Current Registered Agent 10. If Namo Street Address (P.O. Box Number is 9. Name and Address of Schools of Schools 26. 1051 and 620 192, Florida Statutes, the above-named limited partnership organized or regist for the purpose of changing its registered office or registered agent, or boil, in the State of Florida Such change was authorized by its agent. I am ternillar with, and accept the obligations of section 670 192, Florida Statutes.	Applied For Not Applicable ficate of Status Desired Status Desired Check payable to: Dept. of State (See reverse side for fee information of the Changed, now Registered Agent/Office
Mailing Address Principal Office Address 3. Date Fo. P. O. BOX 3256 P. O. BOX 3256 P. O. BOX 3256 PENSACOLA FL 32516 3a. Date 10//04, 2. Mailing Address 28. Principal Office Address FL Suite, Apt. #, etc. Suite, Apt. #, etc. 6. FEI Nur City & State Country Zip Country 7. Certifice 7. Certif	58. Capital Contributions as Shown on record. \$1/1986 te of Last Report 04/1996 5b. Amount of Capital Contributions in FLORIDA to date: Applied For Not Applicable ficate of Status Desired a check payable to: Dept. of State (See reverse side for fee Informat If changed, new Registered Agent/Office
Principal Office Address P. O. BOX 3256 PENSACOLA FL 32516 PENSACOLA FL 32506 PENSACOLA F	\$265,031.00 \$265,
28. Principal Office Address FL Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State City & State Country Zip Country To Country R. Make of 8. Make of Street Address (P.O. Box Number is Suite, Apt. #, etc. City BLANTON, MICHAEL A 8900 U.S. 98 WEST PENSACOLA FL 32506 To City Persuant to the provisions of sections 6/0 1051 and 6/20 19/2. Florida Statutes, the above-named limited partnership organized or register to the purpose of changing its registered affice or registered agent, or bolls, in the State of Florida Such change was authorized by its agent. I am familiar with, and accept the obligations of section 6/20 19/2. Florida Statutes.	Contributions in FLORIDA to date: Number 2804632 Applied For Not Applicable ficate of Status Desired \$8.75 Additional Fee Required a check payable to: Dept. of State (See reverse side for fee informat If changed, now Registered Agent/Office Is Not Acceptable)
City & State City & State City & State 7. Certificate 7. Certificate 8. Make of the provisions of sections 620 1051 and 620 192, Florida Statutes, the above-named limited partnership organized or register to purpose of changing its registered adjust agent. Lam familiar with, and accept the obligations of section 620 192, Florida Statutes.	Applied For Not Applicable ### \$8.75 Additional Fee Required ### the check payable to: Dept. of State (See reverse side for fee Informate) If changed, now Registered Agent/Office Is Not Acceptable)
Zip Country 7. Certifica 8. Make of 9. Name and Address of Current Registered Agent 10. If BLANTON, MICHAEL A 8900 U.S. 98 WEST PENSACOLA FL 32506 Street Address (P.O. Box Number Is Street Address (P.O. Box Number Is City 10a. Pursuant to the provisions of sections 620 1051 and 620 192, Florida Statutes, the above-named limited partnership organized or register the purpose of changing its registered office or registered agent, or both, in the State of Florida Such change was authorized by its agent. I am familiar with, and accept the obligations of section 620 192, Florida Statutes.	\$8.75 Additional Fee Required e check payable to: Dept. of State (See reverse side for fee informat If changed, new Registered Agent/Office is Not Acceptable)
9. Name and Address of Current Registered Agent 10. If Namo BLANTON, MICHAEL A 8900 U.S. 98 WEST PENSACOLA FL 32506 Street Address (P.O. Box Number is Suite, Apt. #, etc. City 10a. Pursuant to the provisions of sections 620 1051 and 620 192, Florida Statutes, the above-named limited partnership organized or register the purpose of changing its registered office or registered agent, or both, in the State of Florida Such change was authorized by its agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.	e check payable to: Dept. of State (See reverse side for fee informat If changed, new Registered Agent/Office is Not Acceptable)
9. Name and Address of Current Registered Agent BLANTON, MICHAEL A 8900 U.S. 98 WEST PENSACOLA FL 32508 Street Address (P.O. Box Number Is Suite, Apt. #, etc. City 10a. Pursuant to the previsions of sections 620 1051 and 620 192, Florida Statutes, the above-named limited partnership organized or register the purpose of changing its registered office or registered agent, or both, in the State of Florida Such change was authorized by its agent. I am familiar with, and accept the obligations of section 620 192, Florida Statutes.	If changed, now Registered Agent/Office Is Not Acceptable) Zip Code
BLANTON, MICHAEL A 8900 U.S. 98 WEST PENSACOLA FL 32508 Street Address (P.O. Box Number is Suite, Apt. #, etc. City 10a. Pursuant to the provisions of sections 620 1051 and 620 192, Florida Statutes, the above-named limited partnership organized or regis for the purpose of changing its registered effice or registered agent, or both, in the State of Florida. Such change was authorized by its agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.	is Not Acceptable)
Street Address (P.O. Box Number is PENSACOLA FL 32506 Suite, Apt. #, etc. City 10a. Pursuant to the provisions of sections 620 1051 and 620.192, Florida Statutes, the above-named limited partnership organized or regis for the purpose of changing its registered effice or registered agent, or both, in the State of Florida. Such change was authorized by its agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.	7 to Code
10a. Pursuant to the provisions of sections 620 1051 and 620 192, Florida Statutes, the above-named limited partnership organized or regis for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its agent. I am familiar with, and accept the obligations of section 620 192, Florida Statutes.	Zıp Code
for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its agent. I am familiar with, and accept the obligations of section 620, 192, Florida Statutes.	
A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSH MUST BE REGISTERED AND ACTIVE WITH THIS	DATE DATE DATE DATE DATE DESCRIPTION DESCRIPTION DATE
11. Name(s) of General Partner(s) 11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 11b. City, St.	State & Zip Code 11C. Registration/ Document Number
ESCAMBIA CONSTRUCTION CO., I 8900 U.S. 98 WEST PENSACOLA F	A FL 237213
	3000023136530 -10/07/9701030020 ****550.00 ****550.00
	toc (cus)
Note: General partners MAY NOT be changed on this form; an amendment must	
12. I do hereby certify that the information supplied will, this filing is voluntarily furnished and does not qualify for the exemption stated in Soc Corporations from any liability of non-compliance with Socilen 119.07(3)(k) in the event that the information supplied is deemed exempt for this annual report is true and accurate and that my signature shall have the same legal effects as if made under eath. I further certify that empowered to execute this report at required by chapter 620, pricts Statutes.	of from public access. I further certify that the information indicated
SIGNATURE	