


**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	
1. Name of Limited Partnership GROWTH AREA INVESTMENT PROPERTIES, LTD.		1a. DOCUMENT # A03663			
Mailing Address 3765 CROWN POINT RD #15 JACKSONVILLE FL 32217		Principal Office Address 3765 CROWN POINT RD #15 JACKSONVILLE FL 32217		3. Date Formed or Registered 05/03/1974	
2. Mailing Address Suite, Apt. #, etc. City & State Zip Country		2a. Principal Office Address 3765 Crown Point Rd. Suite, Apt. #, etc. 15 City & State Jacksonville, FL Zip 32257 Country		3a. Date of Last Report 12/29/1995	
				4. State or Country of Formation FL	
				5a. Capital Contributions as Shown on record. \$483,518.00	
				5b. Amount of Capital Contributions in FLORIDA to date: \$490,118	
				6. FEI Number 59-1590274	
				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
				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)	

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

96 DEC 18 AM 11:04



9. Name and Address of Current Registered Agent WEEKS, GEORGE E. 3765 CROWN POINT RD #15 JACKSONVILLE FL 32257		10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City State 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) WEEKS, GEORGE E	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 3765 CROWN POINT RD.#	11b. City, State & Zip Code JACKSONVILLE FL 32257	11c. Registration/Document Number 000002039700--6 -12/27/96--01075--020 *****628.75 *****576.25
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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

George E. Weeks

DATE

12-16-96

Typed or Printed Name of General Partner Signing Form

George E. Weeks

Daytime Telephone Number

904-262-9452

CR2E003 (6/96)