

**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 Morham Secretary of State DIVISION OF CORPORATIONS
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

96 DEC 27 AM 10:20

1. Name of Limited Partnership EDDY PROPERTIES, LTD.	1a. DOCUMENT # A05438
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Mailing Address 700 W GRANADA BLVD ORMOND BEACH FL 32174	Principal Office Address 700 W GRANADA BLVD ORMOND BEACH FL 32174	3. Date Formed or Registered 12/15/1976	5a. Capital Contributions as Shown on record \$1,447.04
		3a. Date of Last Report 10/23/1995	5b. Amount of Capital Contributions in FLORIDA to date \$1447.04
		4. State or Country of Formation FL	
2. Mailing Address 45 SETON TRAIL	2a. Principal Office Address 45 SETON TRAIL	6. FEI Number 59-1714858	
Suite, Apt. #, etc. 	Suite, Apt. #, etc. 	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
City & State ORMOND BEACH FL	City & State ORMOND BEACH FL	7. Certificate of Status Desired	
Zip 32176	Zip 32176	<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 PONTIOUS, JEFFREY M. 700 W GRANADA BLVD ORMOND BEACH FL FL 32174	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) 45 SETON TRAIL Suite, Apt. #, etc. City ORMOND BEACH FL Zip Code 32176
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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) THE EDDY CORPORATION	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 700 W. GRANADA BLVD 45 SETON TRAIL	11b. City, State & Zip Code ORMOND BCH FL 32176	11c. Registration/Document Number 520053
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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)(f), 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 _____

DATE _____

Typed or Printed Name of General Partner Signing Form _____

JEFFREY M. PONTIOUS TREAS

Daytime Telephone Number _____

9th DEC. 1996
(904)673-3700

CR2E003 (6/96)