

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

FILED

97 OCT -9 PM 2:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

1. Name of Limited Partnership VALENTINE PROPERTIES PARTNERSHIP, LTD.	1a. DOCUMENT # A06103
---	--



AB-AP-UM

Mailing Address PO BOX 9129 MARIETTA GA 30065	Principal Office Address 3701 VALENTINE WAY ORLANDO FL 32805	3. Date Formed or Registered 11/18/1977	5a. Capital Contributions as Shown on record. \$0.00
		3a. Date of Last Report 12/05/1996	5b. Amount of Capital Contributions in FLORIDA to date:
		4. State or Country of Formation FL	
2. Mailing Address	2a. Principal Office Address	6. FEI Number 58-0416715	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
City & State	City & State	7. Certificate of Status Desired	
Zip Country	Zip Country	<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 RAWNSLEY, JIM 3701 VALENTINE WAY ORLANDO FL 32811	10. If changed, new Registered Agent/Office
Name	
Street Address (P.O. Box Number Is Not Acceptable)	
Suite, Apt. #, etc.	
City FL Zip Code	

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
DARDEN, J.M. III	1633 SANDS PLACE	MARIETTA GA 30067	200002319792--2 -10/14/97--01035--004 ***156.25 ***156.25

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 _____ DATE **October 6, 1997**

Typed or Printed Name of General Partner Signing Form **J. M. Darden III** Daytime Telephone Number **(770) 955-5887**

CR2E003 (6/97)