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

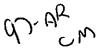
1a. DOCUMENT # **A06665**

CROSS CREEK ASSOCIATES, LTD.

empowered to execute this report as required by chapter 620, Elerida Statutes

Neil E Elsila

SIGNATURE _



FILED 97 FEB 10 AM 11: 40 SECRETARY OF STATE TALLAHASSEE, FLORIDA



lailing Address 11330-1 ST. JOHNS INDUSTRIAL PARKWAY JACKSONVILLE FL 32248	Principal Office Address 11330-1 ST. JOHNS INDUSTRIAL PARKWAY JACKSONVILLE FL 32246		3. Date Formed or Registered 07/21/1978 3a. Date of Last Report	5a. Capital Contributions as Shown on record.
			02/16/1996	5b. Amount of Capital Contributions in FLORIDA
2. Mailing Address	2a. Principal Office Address		4. State or Country of Formalio	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		6. FEI Number 59-1837810	Applied For Not Applicable
City & State	City & State		7. Certificate of Status Desired	
Zip Country	Zip	Country		\$8.75 Additional Fee Required of State (See reverse side for fee information of State (See reverse side for fee information).
A Name and Address of Surre	at Barlatand Areas		10 If sharped new Book	Shood Accest/Office
9. Name and Address of Current Registered Agent ELSILA NEIL E. 11330-1 ST. JOHNS INDUSTRIAL PARKWAY		10. If changed, new Registered Agent/Office Name		
		Street Address (P.O. Box Number Is Not Acceptable)		
JACKSONVILLE FL 32246		Suite, Apt. #, etc.		
for the purpose of changing its registered office	or registered agent, or both, in the State of			
for the purpose of changing its registered office agent. I am lamiliar with, and accept the obligation of the control of the c	or registered agent, or both, in the State of ons of section 620.192, Florida Statutes.	amed limited partnership Florida. Such change w	as authorized by its general partner(s). ARTNERSHIP OR OT	FL of the State of Florida, submits this statement of registers accept the appointment of registers
for the purpose of changing its registered office agent. I am familiar with, and accept the obligation SIGNATURE (Registered Agent Accepting Appointment). A GENERAL PARTNER THAT MUS	or registered agent, or both, in the State of ons of section 620.192, Florida Statutes. T IS A CORPORATION	amed limited partnership Florida. Such change w , LIMITED PA ND ACTIVE	as authorized by its general partner(s). DARTNERSHIP OR OT WITH THIS OFFICE.	FL of the State of Florida, submits this statement of registers accept the appointment of registers
for the purpose of changing its registered office agent. I am familiar with, and accept the obligation SIGNATURE (Registered Agent Accepting Appointment). A GENERAL PARTNER THAT MUS	or registered agent, or both, in the State of ons of section 620.192, Florida Statutes. T IS A CORPORATION ST BE REGISTERED A	med limited partnership Florida. Such change w , LIMITED PA ND ACTIVE ' neral Partner e Box Numbers) 11	as authorized by its general partner(s). DARTNERSHIP OR OT WITH THIS OFFICE.	of the State of Florida, submits this statement hereby accept the appointment of registers ATE HER BUSINESS ENTITY Registration/
for the purpose of changing its registered office agent. I am familiar with, and accept the obligation of the control of the control of the control of the control of the purpose of the control of the c	or registered agent, or both, in the State of ons of section 620.192. Florida Statutes. T IS A CORPORATION ST BE REGISTERED A 11a. (Do NOT Use Post Office)	med limited partnership Florida. Such change w , LIMITED PA ND ACTIVE ' neral Partner e Box Numbers) 11	ARTNERSHIP OR OT WITH THIS OFFICE. b. City, State & Zip Code JACKSONVILLE FL 32246	of the State of Florida, submits this statement hereby accept the appointment of registers ATE HER BUSINESS ENTITY 116. Registration/ Document Number
for the purpose of changing its registered office agent. I am familiar with, and accept the obligation of the second seco	or registered agent, or both, in the State of ons of section 620.192. Florida Statutes. T IS A CORPORATION ST BE REGISTERED A 11a. (Do NOT Use Post Office)	med limited partnership Florida. Such change w , LIMITED PA ND ACTIVE ' neral Partner e Box Numbers) 11	ARTNERSHIP OR OT WITH THIS OFFICE. b. City, State & Zip Code JACKSONVILLE FL 32246	of the State of Florida, submits this statement hereby accept the appointment of registers ATE HER BUSINESS ENTIT 11c. Registration/ Document Number G93014000231
for the purpose of changing its registered office agent. I am familiar with, and accept the obligation of the control of the control of the control of the control of the purpose of the control of the c	T IS A CORPORATION ST BE REGISTERED A 11a. (Do NOT Use Post Offic 11330-1 ST. JOHNS I	, LIMITED PAIND ACTIVE NO BOX Numbers)	ARTNERSHIP OR OTWITH THIS OFFICE. JACKSONVILLE FL 32246 7 000	FL of the State of Florida, submits this statement of the appointment of register of the appointment of the appointm

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

ma Telephone Number 904-565-1901