



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

LIMITED PARTNERSHIP ANNUAL REPORT 1998		 <p>FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS</p>		<p>FILED SECRETARY OF STATE DIVISION OF CORPORATIONS</p> <p>97 SEP 15 AM 9:49</p> 	
1. Name of Limited Partnership DUVAL-STEVENSON, LTD.		1a. DOCUMENT # A07991			
Mailing Address POST OFFICE BOX 30043 4800 MARRIOTT DRIVE, SUITE 200 RALEIGH NC 27622-0043		Principal Office Address POST OFFICE BOX 30043 4800 MARRIOTT DRIVE, SUITE 200 RALEIGH NC 27622-0043		3. Date Formed or Registered 09/28/1979	
2. Mailing Address Suite, Apt. #, etc. City & State Zip Country		2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country		3a. Date of Last Report 01/21/1997	
4. State or Country of Formation FL		5a. Capital Contributions as Shown on record. \$560,000.00		5b. Amount of Capital Contributions in FLORIDA to date:	
6. FEI Number 59-1994318		<input type="checkbox"/> Applied For <input checked="" 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)					

9. Name and Address of Current Registered Agent LEONARD, RICHARD A. 4192 SOUTH ATLANTIC AVENUE NEW SMYRNA BEACH FL 32169	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City FL 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) SUNSTATES REALTY GRP, INC	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 4800 MARRIOTT DRIVE,	11b. City, State & Zip Code RALEIGH NC	11c. Registration/Document Number 543799
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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.

By: **Sunstates Realty Group, Inc.** General Partner Duval Stevens

SIGNATURE By: *Richard A. Leonard*
Richard A. Leonard, President

DATE **9/11/97**

Typed or Printed Name of General Partner **Sunstates Realty Group, Inc.**

Daytime Telephone Number **(919) 781-5611**

CR2E003 (6/97)