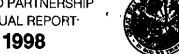
FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partnership

DOCUMENT # **A08921**

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

97 OCT 20 AM 9: 33



211 EAST CALL LIMITED PARTNERSHIP Melling Address Principal Office Address 211 EAST CALL STREET POST OFFICE BOX 1674 TALLAHASSEE FL 32302 2. Malling Address 24. Principal Office Address Suite, Apt. #, etc.			1	
			3. Date Formed or Registered 05/23/1980 3a. Date of Last Report 12/02/1996 4. State or Country of Formation FL 6. FEI Number	58. Capital Contributions as Shown on record. \$24,000.00 5b. Amount of Capital Contributions in FLORIDA to date: 24,000.00
City & State Zip Country	City & State Zip Country		7. Certificate of Status Desired 8. Make check payable to: Dept. o	Not Applicable \$8.75 Additional Fee Required State (See reverse side for fee information
DOUGLASS, W. DEXTER 211 E. CALL STREET TALLAHASSEE FL 32301 10a. Pursuant to the provisions of sections 620 1051 and 620,192, Florida Statutes, the above for the purpose of changing its registered office or registered agent, or both, in the State agent. I am familiar with, and accept the obligations of section 620,192, Florida Statutes.		Suite, Apt. #, etc. City limited partnership orga	Address (P.O. Box Number PAPER 1012331350	
GIGNATURE (Registered Agent Accepting Appointme A GENERAL PARTNER TH M	IAT IS A CORPORATION, LI UST BE REGISTERED AND	MITED PART	NERSHIP OR OTHE	R BUSINESS ENTITY
11. Name(s) of General Partner(s)	11a. Address of Each General F (Do NOT Use Post Office Box	n	City, State & Zip Code	11c. Registration/ Document Number
DOUGLAS, W. DEXTER	211 EAST CALL STREET		Lahassee FL	OP-21
Note Constitution and the Constitution of the	JOT he showed as All C			
Note: General partners MAY I	NOT be changed on this form;	: an amendme	nt must be filed to ch	ange a general partner.

this annual report is true and accurate and that my signature shall have the same legal effects as if made under eath. 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.

Typed or Printed Name of General Partner Signing Form W. DEXTER DougLASS