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

LIMITED PARTNERSHIP ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
97 DEC 24 PM 2:46

1/6

1. Name of Limited Partnership

1a. DOCUMENT # A09189

DOWNTOWN ASSOCIATES, LTD.

Mailing Address	Principal Office Address
719 E. UNION ST. JACKSONVILLE FL 32206	719 E. UNION ST. JACKSONVILLE FL 32206

3. Date Formed or Registered: 08/08/1980
3a. Date of Last Report: 03/21/1997
4. State or Country of Formation: FL
5a. Capital Contributions as Shown on record: $10,000.00
5b. Amount of Capital Contributions in FLORIDA to date:

2. Mailing Address	**2a.** Principal Office Address
P.O. Box 16061	9601 South brook Dr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Jacksonville FL	Apt S-106
City & State	City & State
32245 USA	Jacksonville FL
Zip Country	Zip 32256 Country USA

6. FEI Number: 59-2077529 ☐ Applied For ☐ Not Applicable
7. Certificate of Status Desired ☒ **$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	**10.** If changed, new Registered Agent/Office
COHEN, M.O. 500 OCEANFRONT NEPTUNE BEACH FL 32233	Name: LAWRENCE I. BERNARD Street Address (P.O. Box Number Is Not Acceptable): 1403-20 Dunn avenue Suite, Apt. #, etc.: City: Jacksonville FL Zip Code: 32218

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) Lawrence I. Bernard DATE 12/12/97

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
COHEN, M.O.	500 OCEAN FRONT	NEPTUNE BEACH FL	

600002392146--7
-01/07/98--01037--001
****165.00 ****165.00

600002392146--7
-01/07/98--01037--002
*****17.50 *****17.50

CR2E003 (6/97)

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 Shirley G. Cohen DATE 9/9/97

Typed or Printed Name of General Partner Signing Form Shirley G. Cohen Daytime Telephone Number 646-3271