FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra Mortham

FILED SECRETARY OF STATE

1. Name of Limited Factorisety 1. Name and Address of Country (Control Address) 2. Mailing Address 3. Observation in Registered Adjusted (Control Address) 3. Deservation in Registered Adjusted (Control Address) 4. Deservation in Registered Adjusted (Control Address) 5. Name and Address of Country (Control Address) 5. Name and Address of Country (Control Adjusted) 5. Name and Address of Control Adjusted (Control Adjusted) 5. Name and Address of Control Adjusted (Control Adjusted) 5. Name and Address of Control Adjusted (Control Adjusted) 5. Name and Address of Control Adjusted (Control Adjusted) 5. Name and Address of Control Adjusted (Control Adjusted) 5. Name and Address of Control Adjusted (Control Adjusted) 5. Name and Address of Control Adjusted (Control Adjusted) 5. Name and Address of Control Adjusted (Control Adjusted) 5. Name and Address of Control Adjusted (Control Adjusted) 5. Name and Address of Control Adjusted (Control Adjusted) 5. Name and Address of Control Adjusted (Control Adjusted) 5. Name and Address of Control Adjusted (Control Adjusted) 5. Name and Address of Control Adjusted (Control Adjusted) 5. Name and Address of Control Adjusted (Control Adjusted) 5. Name and Address of Control Adjusted (Control Adjust	1997		Secretary of State DIVISION OF CORPORATIONS		DIVISION OF CORPORATIONS	
Malting Address Sign SOUTH FLORIDA AVE. Sign SOUTH FLORIDA AVE. P. D. BOX 1897 P. D. BOX 1	1. Name of Limited Partnership	^{1a.} A1	3091			
Suito, Apt. 4, etc. Suito, Apt. 4, etc. Suito, Apt. 5, etc. Suito, Apt. 7, etc. Suito, Apt. 7, etc. Suito, Apt. 7, etc. Suito, Apt. 7, etc. Suito, Apt. 8, etc. Suito, Ap	EDGEWOOD PLAZA, LTD	<u> </u>			N 11115 84 0.151 0104 0114 0101 0101 0101 0101	
28. Principal Office Address Suite, Apt. #, etc.	520 SOUTH FLORIDA AVE. P.O. BOX 1667	520 SOUTH FLORIDA AVE. P.O. BOX 1667		09/01/1982 3a. Date of Last Report	\$250,000.00	
City & State To Country	2. Mailing Address	28. Principal Office Address			I to date:	
To contribute of Status Desirad To country To contribute of Status Desirad To				6. FEI Number 59-2213104	Applied For	
8. Make check payable to: Dept of State (See reverse side for fee wformal) 9. Name and Address of Current Registered Agent 10. If changed, new Registered Agent/Office GEORGE M. LYNDSEY, III \$ pell/in \$ \$20 S. FLORIDA AVE. LAKELAND FL 33801 Stote. Address (PG Box Number in Not Acceptable) I LAKELAND FL 33801 10a. Pursuant to the provisions of sections \$20 1051 and \$20 192. Florida Statutes, the above-anded ministed partnership organized or registered under the laws of the State of Fireds, sub-risk this statemen for the purpose of changing its registered agent, or both, in the State of Forida, Such change was subhorized by its general partner(s). I hereby accept the appointment of registered agent, or both, in the State of Forida, Such change was subhorized by its general partner(s), I hereby accept the appointment of registered agent, or both, in the State of Forida, Such change was subhorized by its general partner(s), I hereby accept the appointment of registered agent agent (and the state of the State of Forida Statutes). 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. (Change) of State, General Partner(s) 11b. Chy, State & Zip Code 11c. Registration. Pagestration. A GENERAL PARTNER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. 11c. Registration of the State of State State of State St				7. Certificate of Status Desired		
GEORGE M. LYNDSEY, III Spelling S20 S. FLORIDA AVE. LAKELAND FL 33801 Pursuant to the provisions of eccions 620 1051 and 620 192, Florida Statutes, the above named limited partnership organized or registered under the laws of the State of Fordia, Such change was subtricted by its general partner(s), thereby accept the displacence of continuous projects of the purpose of changing its registered dispend of the organization of sections 620 192, Florida Statutes, the above named limited partnership organized or registered under the laws of the State of Fordia, Such change was subtricted by its general partner(s), thereby accept the appointment of registere oper t an familiar with, and accept the deligibations of section 620 192, Florida Statutes SIGNATURE (Registered Agent Accepting Appointment) A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERD AND ACTIVE WITH THIS OFFICE. 11. Name(s) of General Partner(s) 11a. Addiges of Each General Partner 11b. Cry, State 8 zip Code 11c. Registration/ Document Number 11b. Cry, State 8 zip Code 11c. Registration/ Document Number 12c. I do heeby certify that the information supplied with this fiting is voluntarily furnatived and does not quality for the exemption stated in Section 119 07(3)(s), Florida Statutes. I release the Division of Corporations from any liability of non-compliages with Section 119 (7)(3)(s), in the own that the information supplied is deemed exempt from public access it unther certify that it is information indicated the secure partner of the interfer public properties of the complete of the complete of the certific partner of the interfer public partner of the interfer partner of the inte	Zip Country	Zip	Country	8. Make check payable to: Dept		
GEORGE M. LYNDSEY, III 500 S. FLORIDA AVE. LAKELAND FL 33801 Seriest Address (FG. Box Number is Nyl Acceptable) Seriest Address (FG. Box Number is Nyl Acceptable)				40 5	100	
11. Name(s) of General Partner(e) ANCHOR PROPERTY DEVELOPM 520 S.FLORIDA AVE. BM LAKELAND FL F92402 Note: General partners MAY NOT be changed on this form; an amendment must be filled to change a general partner 12. I do hereby certify that the information supplied with this filling 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 this agricult by chapter 620, 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 this agriculture to the security by chapter 620, Florida Statutes.	10a. Pursuant to the provisions of sections 620 for the purpose of changing its registered agent. I am familiar with, and accept the o	office or registered agent, or obligations of section 620:192	City tatutes, the above-named limited partr both, in the State of Florida. Such cha	#:集集集 ership organized or registered under the laws on nge was authorized by its general partner(s). I h	9/9601056004 585.00 ***********************************	
Note: General partners MAY NOT be changed on this form; an amendment must be filled to change a general partner 12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not quality for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliagnes 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 this agricult report is true and accurate and that pay signature shall have the same regarded exempt from public access. I further certify that I am a General Partner of the limited partnership, receiver or trus empowered to execute this report as figured by chapter 620. Florida Starties.	A GENERAL PARTNER 1			PARTNERSHIP OR OTH VE WITH THIS OFFICE.	ER BUSINESS ENTITY	
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12. I do hereby certify that the information supplied with this filting 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 this agrued report is true and accurate and that pay signature shall have the same tegat effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or true empowered to execute this report as fedure 50, Florida Statutes.	ANCHOR PROPERTY DEVELOPM	520 \$.Florida ave. Bir i	lakeland fl	-1	
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LANGUAGUAGUAGUAGUAGUAGUAGUAGUAGUAGUAGUAGUAG	Corporations from any liability of non-complethis agricult report is true and accurate and	iance with Section 119.07(3)(i that my signature shall have ti	 k) in the event that the information sup he same legar effects as if made under 	plied is deemed exempt from public access. I fu	urther certify that the information indicated on	

Typed or Printed Name of General Partner Signing Form

___ Daytime Telephone Number ____