

**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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

96 SEP 16 PM 3:47



1. Name of Limited Partnership	1a. DOCUMENT # A13091
EDGEWOOD PLAZA, LTD.	

Mailing Address 520 SOUTH FLORIDA AVE. P.O. BOX 1667 LAKELAND FL 33801		Principal Office Address 520 SOUTH FLORIDA AVE. P.O. BOX 1667 LAKELAND FL 33801	
2. Mailing Address	2a. Principal Office Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State		
Zip	Country	Zip	Country

3. Date Formed or Registered 09/01/1982	5a. Capital Contributions as Shown on record. \$250,000.00
3a. Date of Last Report 12/18/1995	5b. Amount of Capital Contributions in FLORIDA to date: \$ 250,000.00
4. State or Country of Formation FL	6. FEI Number 59-2213104 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
7. Certificate of Status Desired <input checked="" 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 GEORGE M. LINDSEY, III <i>spelling →</i> 520 S. FLORIDA AVE. LAKELAND FL 33801	10. If changed, new Registered Agent/Office Name George M. Lindsey, III Street Address (P.O. Box Number is Not Acceptable) 300001951653 Suite, Apt. #, etc. -03/19/96--01056--004 City *****585.00 FL *****585.00
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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) ANCHOR PROPERTY DEVELOPM	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 520 S.FLORIDA AVE.	11b. City, State & Zip Code LAKELAND FL	11c. Registration/Document Number F92402 <i>OC 9-17</i>
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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.

SIGNATURE _____

DATE **8/12/96**

Typed or Printed Name of General Partner Signing Form _____

Daytime Telephone Number _____