

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 SEP 29 PM 12:01



1. Name of Limited Partnership	1a. DOCUMENT # A14827
NICK'S PROPERTIES I LIMITED	

Mailing Address % DAVID HEALD 7820 ORIOLE ST. JACKSONVILLE FL 32208	Principal Office Address % DAVID HEALD 7820 ORIOLE ST. JACKSONVILLE FL 32208	3. Date Formed or Registered 07/06/1983	5a. Capital Contributions as Shown on record. \$79,500.00
2. Mailing Address	2a. Principal Office Address	3a. Date of Last Report 12/13/1996	5b. Amount of Capital Contributions in FLORIDA to date.
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. State or Country of Formation FL	6. FEI Number 59-2368430 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
City & State	City & State	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)
Zip Country	Zip Country		

9. Name and Address of Current Registered Agent HEALD, DAVID E 2070 OAK HAMMOCK DR. PONTE VEDRA FL 32082	10. Prepared by Registered Agent Office Name -10/01/97--01107--001 Street Address (P.O. Box Number Is Not Acceptable) ***1082.50 ***541.25 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) HEALD, DAVID-E.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 2070 OAK HAMMOCK DR.	11b. City, State & Zip Code PONTE VEDRA BCH FL	11c. Registration/ Document Number 929-30 FF \$541.25
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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 9-3-97

Typed or Printed Name of General Partner Signing Form _____

Daytime Telephone Number _____

CR2E003 (6/97)