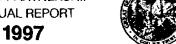
## FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partnership

SUMMER BEACH, LTD.

A15394

G ( at a liber la)

96 DEC 12 PH 4: 04

SECRETARY OF STATE



				J/19/1-		
Mailing Address 4700 AMELIA ISL		Principal Office Address 4700 AMELIA ISLAND PARKWAY AMELIA ISLAND FL 32034		3. Date Formed or Registered 09/28/1983	5a. Capital Contributions as Shown on record. \$7,752,500.00	
2. Mailing Address		2a. Principal Office Address		3a. Date of Last Report 12/04/1995		
					5b. Amount of Capital Contributions in FLORIDA	
				4. State or Country of Formation	to date:	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		6. FEI Number 59-2314526	Applied For	
City & State		City & State			Not Applicable	
Zip	Country	Zip	Country	7. Certificate of Status Desired	\$8.75 Additional Fee Required	
	Country	ا جال	Country	8. Make check payable to: Dept. of	State (See reverse side for fee information	

3. Name and Address of Christit Registered Agent	I Changed, new registered Agent/Onice		
WINSTON, JAMES H.	Name		
LPMC 645 RIVERSIDE AVENUE	Street Address (P.O. Box Number Is Not Acceptable)		
619 PENINSULAR PLAZA JACKSONVILLE FL 32204	Suite, Apt. #, etc. 5000020315953		
	****\$76 <b>.25</b>		

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)

## A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY

MOST DE REGIOTERED AND ACTIVE WITH THIS OFFICE.						
11. Name(s) of General Partner(s)	Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City. State & Zip Code	11c. Registration/ Document Number			
FM AMELIA, INC.	250 KING OF PRUSSIA R	RADNOR PA	G54469			
MCRUE AMELIA	1725 MEMORIAL PARK DR	JACKSONVILLE FL				
SCOTT- AMELIA	1725 MEMORIAL PARK DR	JACKSONVILLE FL				
STOKES, E. CHESTER	9551 BAYMEADOWS ROAD	JACKSONVILLE FL				
WINSTON, CHARLES	2209 CENTURY DRIVE	RALEIGH NC				
WINSTON, JAMES H.	645 RIVERSIDE AVENUE	JACKSONVILLE FL				
		I				

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 votuntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes   release the Division of
	Corporations from any liability of non-compliance with Section 124.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated or
	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 fimited partnership, receiver or trust
	empowered to execute this report as required by chaffer 620 Florida Statutes.

Typed or Printed Name of General Partner Signing Form JAMES H. WINSTON

Daylime Telephone Number (904) 358 - 72.69