

**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

95 OCT 14 PM 1:00

1. Name of Limited Partnership MARSH COVE LTD.		1a. DOCUMENT # A16671	
Mailing Address P.O. BOX 16425 JACKSONVILLE FL 32245		Principal Office Address P.O. BOX 16425 JACKSONVILLE FL 32245	
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 03/23/1984	5a. Capital Contributions as Shown on record \$3,192,960.00
3a. Date of Last Report 11/17/1995	5b. Amount of Capital Contributions in FLORIDA to date \$3,192,960.00
4. State or Country of Formation FL	
6. FEI Number 59-2414514 <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
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)	

9. Name and Address of Current Registered Agent WALLACE, DENISE L. C/O BCM SERVICES, INC. 9551 BAYMEADOWS RD., SUITE 4 JACKSONVILLE, FL FL 32256	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) 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) MARSH COVE EQUITIES, INC.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 9551 BAYMEADOWS ROAD, Suite 4	11b. City, State & Zip Code JACKSONVILLE FL 32256	11c. Registration/Document Number G91664
<p>600001981096--3 -10/21/96--01033--014 ****576.25 ****576.25</p> <p><i>dec</i></p>			

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 on 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.

Marsh Cove Equities, Inc. - G.P.
SIGNATURE *By: Denise Wallace, Sec.*

DATE **10/4/96**

L. Denise Wallace, Secretary, Marsh Cove Equities, Inc. General Ptnr

Daytime Telephone Number **904-276-0998**

CR2E003 (6/96)