

**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 DEC 15 PM 12:47

mtu
12/16

1. Name of Limited Partnership		1a. DOCUMENT # A16750	
CASA GRANDE, LTD.			
Mailing Address		Principal Office Address	
3030 HARTLEY ROAD, #100 JACKSONVILLE, FL 32257		3030 HARTLEY RD, #100 JACKSONVILLE, FL 32257	
2. Mailing Address		2a. Principal Office Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip		Zip	
Country		Country	
3. Date Formed or Registered		04/03/1984	
3a. Date of Last Report		12/97	
4. State or Country of Formation		FL	
5a. Capital Contributions as Shown on record		\$840,000.00	
5b. Amount of Capital Contributions in FLORIDA to date		\$840,000.00	
6. FEI Number		59-2399028	
7. Certificate of Status Desired		<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
8. Make check payable to: Dept. of State (See reverse side for fee information)		<input type="checkbox"/> \$8.75 Additional Fee Required	

9. Name and Address of Current Registered Agent	10. If changed, new Registered Agent/Office
FARRELL, MARK T. 3030 HARTLEY RD. SUITE 100 JACKSONVILLE, FL 32257	Name
	Street Address (P.O. Box Number Is Not Acceptable)
	Suite, Apt. #, etc.
	City
	FL
	Zip Code

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)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/Document Number
ROOD, JOHN D. HAZARD, JOHN E. ARNALL, JOSEPH H.	3030 HARTLEY RD. #100 10033 SAWGRASS DR. 830 SOUTH 3RD ST.	JACKSONVILLE, FL PONTE VEDRA BCH, FL JACKSONVILLE BEACH, FL	200002374522-5 -12/17/97-01034-013 ****541.25 ****541.25

CR2E003 (6/97)

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

mtu *TF*

DATE

12/8/97

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number