

**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

97 MAR - 5 PM 5:02

1. Name of Limited Partnership

1a. DOCUMENT #
A17589

THE ATRIUM OF JACKSONVILLE, LTD.



BK 3/5/97 (CUS)

Mailing Address
P.O. DRAWER 47050
JACKSONVILLE FL 32247

Principal Office Address
P.O. DRAWER 47050
JACKSONVILLE FL 32247

3. Date Formed or Registered
08/02/1984

5a. Capital Contributions as Shown on record.
\$172,250.00

3a. Date of Last Report
03/25/1996

5b. Amount of Capital Contributions in FLORIDA to date:
172250

4. State or Country of Formation
FL

2. Mailing Address

6000 LAKE FOREST DR. SUITE 225

2a. Principal Office Address

6000 LAKE FOREST DRIVE SUITE 225

Suite, Apt. #, etc.

City & State
ATLANTA GA

Zip Country
30328

Suite, Apt. #, etc.

City & State
ATLANTA GA

Zip Country
30328

6. FEI Number
68-0028706

Applied For
 Not Applicable

7. Certificate of Status Desired

\$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

**DEMETREE, JACK C.
3740 BEACH BLVD.
SUITE 300
JACKSONVILLE FL 32247**

10. If changed, new Registered Agent/Office

Name **CT Corporation System**

Street Address (P.O. Box Numbers Not Applicable)
1200 South Pine Island Road

Suite, Apt. #, etc.

City, State & Zip Code
Plantation FL 33324

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)

Connie Bryan

*Special Assistant Secretary
Connie Bryan*

DATE **2/28/97**

**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

DEMETREE, JACK C.

3740 BEACH BLVD. STE.

JACKSONVILLE FL

DEMETREE, BETTY A.

3740 BEACH BLVD. STE.

JACKSONVILLE FL

DEMETREE, WILLIAM C.

3348 EDGEWATER DRIVE

ORLANDO FL 00002106371--3

DEMETREE, SARA N.

3348 EDGEWATER DRIVE

ORLANDO FL ***585.00 ***585.00

RETIREMENT CARE ASSOCIATES,

6000 LAKE FORREST DRI

ATLANTA GA 30328

F83000005587

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

Edward E. Lane

DATE **1/29/97**

Typed or Printed Name of General Partner Signing Form

Edward E. Lane, Secretary

Daytime Telephone Number **404-255-7500**

CR2E003 (6/96)