

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

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| LIMITED PARTNERSHIP ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra Mortham Secretary of State DIVISION OF CORPORATIONS |
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 MAR - 5 PM 5:02

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| 1. Name of Limited Partnership THE ATRIUM OF JACKSONVILLE, LTD. | 1a. DOCUMENT # A17589 |
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BK 3/5/97 CUS

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| Mailing Address P.O. DRAWER 47050 JACKSONVILLE FL 32247 | Principal Office Address P.O. DRAWER 47050 JACKSONVILLE FL 32247 |
| 2. Mailing Address 6000 LAKE FOREST DR. S.W. SUITE 225 ATLANTA GA 30328 | 2a. Principal Office Address 6000 LAKE FOREST DRIVE SUITE 225 ATLANTA GA 30328 |

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| 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 | 6. FEI Number 68-0028706 <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable |
| 7. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | 8. Make check payable to: Dept. of State (See reverse side for fee information) |

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| 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 Number is Not Applicable): 1200 South Pine Island Road Suite, Apt. #, etc.: City, State & Zip Code: Plantation FL 33324 |
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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) Connie Bryan *Special Assistant Secretary* 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 32802 | 00002106371--3 |
| DEMETREE, SARA N. | 3348 EDGEWATER DRIVE | ORLANDO FL | -03/06/97--01095--003 |
| RETIREMENT CARE ASSOCIATES, | 6000 LAKE FORREST DRI | ATLANTA GA 30328 | ****585.00 ****585.00 |
| | | | 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)