

FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

FILED

98 FEB -2 AM 9: 33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED PARTNERSHIP ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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1. Name of Limited Partnership THE ATRIUM OF JACKSONVILLE, LTD.	1a. DOCUMENT # A17589 <i>98-AR CM</i>
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2. Mailing Address 6000 LAKE FORREST DRIVE, SUITE 225 ATLANTA GA 30328	2a. Principal Office Address 6000 LAKE FORREST DRIVE, SUITE 225 ATLANTA GA 30328
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

3. Date Formed or Registered 08/02/1984	5a. Capital Contributions as Shown on record. \$172,250.00
3a. Date of Last Report 03/05/1997	
4. State or Country of Formation FL	5b. Amount of Capital Contributions in FLORIDA to date.
6. FEI Number 68-0028706	<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 C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324
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10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City	400002426134-5 -02/10/98--01014--021 *****541.25 *****541.25 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)	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	F93000005587
DEMETREE, BETTY A.	3740 BEACH BLVD. STE.	JACKSONVILLE FL	
DEMETREE, WILLIAM C.	3348 EDGEWATER DRIVE	ORLANDO FL	
DEMETREE, SARA N.	3348 EDGEWATER DRIVE	ORLANDO FL	
RETIREMENT CARE ASSOCIATES,	6000 LAKE FORREST DRI	ATLANTA GA 30328	

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 _____ DATE 1/28/98
 Typed or Printed Name of General Partner Signing Form Chris Brogdon Daytime Telephone Number 404255-7570

CR2E003 (6/97)