

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


FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

filed



LIMITED PARTNERSHIP ANNUAL REPORT 1997			FLORIDA DEPARTMENT OF STATE Sandra Northam Secretary of State DIVISION OF CORPORATIONS
1. Name of Limited Partnership FIRST PIONEER PARTNERS, LTD.		1a. DOCUMENT # A18482	

Mailing Address 7800 BELFORT PKWY SUITE 120 JACKSONVILLE FL 32256		Principal Office Address 7800 BELFORT PKWY SUITE 120 JACKSONVILLE FL 32256		3. Date Formed or Registered 12/06/1984	5a. Capital Contributions as Shown on record. \$200,000.00
				3a. Date of Last Report 01/02/1996	
2. Mailing Address		2a. Principal Office Address		4. State or Country of Formation FL	5b. Amount of Capital Contributions in FLORIDA to date - 0 -
Suite, Apt. #, etc.		Suite, Apt. #, etc.		6. FEI Number 59-3053121	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
City & State		City & State		7. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip Country		Zip Country		8. Make check payable to: Dept. of State (See reverse side for fee information)	

9. Name and Address of Current Registered Agent KIRSCHNER, MAIN, PETRIE, GRAHAM, TANNER... 1 INDEPENDENT DR SUITE 2000 JACKSONVILLE FL 32202		10. If changed, new Registered Agent/Office 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) FIRST AMERICAN PARTNERS	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 7800 BELFORT PKWY, #12	11b. City, State & Zip Code JACKSONVILLE FL	11c. Registration/ Document Number J09052
500002072025--1 -01/29/97--01027--015 ****191.25 ****191.25			

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 *J. Steven Wilson*
Typed or Printed Name of General Partner Signing Form **J. Steven Wilson**

DATE **12/30/96**
Daytime Telephone Number **904/281-2200**