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

1. Name of Limited Partnership

DOCUMENT # A18521

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LANDCOM - ORANGE PARK, LTD.				1)402:01) (64) (100) 1010) 11110 (100) 11110 (100) 1101 1101		
Malling Address		Principal Office Address		3, Date Formed or Registered	5a. Capital Contributions as Shown on record.	
8250 BAYMEADOWS RD. 8UITE 200 JACKSONVILLE FL 32216		9250 BAYMEADOWS RD. SUITE 200 JACKSONVILLE FL 32216		12/12/1984 38. Date of Last Report	\$3,449,500.00	
ANONOCHARLE IE OZZIO		PHONODIMILLE LE DESTO		12/11/1996	5b. Amount of Capital Contributions in FLORIDA	
2. Mailing Address 4314 Pablo Oaks Court		2a. Principal Office Address 4314 Pablo Oaks Court		4. State or Country of Formation	to date:	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		6. FEI Number	Applied For	
City & State	TOT .	City & State Jacksonvil	ាំ សា	59-2493474	Not Applicable	
Jacksonville ,	Dunta Dunta	7 _{(D}		7. Certificate of Status Desired	\$8.75 Additional Fee Required	
	vaľ.	32224	Country Duval	8. Make check payable to: Dept. of	State (See reverse side for fee information)	
9. Name and Address of Current Registered Agent			10. If changed, new Registered Agent/Office			
TOOMEY, MARY 9250 BAYMEADOWS R SUITE 200 JACKSONVILLE FL 322			` `		F₁ 7º39º224	

Pursuant to the provisions of socions 620,1061 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)

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
LANDCOM INC.	#250.8AYWFADQW&#Dx#xx 4314 Pablo Oaks Court	JACKSONVILLE FL 32224	F67225
نام الاستان الاستان		30000; -01/0 *****	1922237 7/9801037020 5\$0.00 ****550.00

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 signar or shall have the same logal effects as if made under eath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this popular required by chapter 620, Florida Statutes

The mey Vice Pres./Sec/Treasurer Landcom 904-992-3700

September 12, 1997