

**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
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**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

97 APR 23 AM 8:23



1. Name of Limited Partnership MARINERS VILLAGE LIMITED	1a. DOCUMENT # A18817
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Mailing Address P.O. BOX 1219 4400 MARSH LANDING BLVD. PONTE VEDRA BEACH FL 32004	Principal Office Address P.O. BOX 1219 4400 MARSH LANDING BLVD. PONTE VEDRA BEACH FL 32004
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3. Date Formed or Registered 01/10/1985	5a. Capital Contributions as Shown on record. \$20,000.00
3a. Date of Last Report 04/12/1996	5b. Amount of Capital Contributions in FLORIDA to date:
4. State or Country of Formation FL	
6. FEI Number 59-2515267	
<input type="checkbox"/> Applied For <input 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)	

2. Mailing Address P.O. Box 1219	2a. Principal Office Address 1548 The Greens Way
Suite, Apt. #, etc. SUITE 4	Suite, Apt. #, etc. SUITE 4
City & State PONTE VEDRA Bch	City & State Jacksonville Bch
Zip 32004	Zip 32250
Country ST Johns	Country DOVAL

9. Name and Address of Current Registered Agent DUSS, JOHN S. IV 1600 FIRST UNION BLDG. 200 W. FORSYTH ST. JACKSONVILLE FL 32202	10. If changed, new Registered Agent/Office Name STEPHEN D. MELCHING Street Address (P.O. Box Number Is Not Acceptable) 1548 THE GREENS WAY Suite, Apt. #, etc. City Jacksonville Bch FL Zip Code 32250
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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) Stephen D. Melching DATE 4-9-97

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) FLETCHER COMMUNITIES, INC	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 4400 MARSH LANDING BL	11b. City, State & Zip Code PONTE VEDRA Bch FL	11c. Registration/Document Number 200002154012--3 -04/24/97--01098--002 ****140.00 ****140.00 4-23 200002154012--3 -04/24/97--01098--001 ****103.75 ****103.75
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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 600, Florida Statutes.

SIGNATURE Jerome S. Fletcher DATE 1-27-97
 Typed or Printed Name of General Partner Signing Form Jerome S. Fletcher Daytime Telephone Number 904-285-6921