



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

LIMITED PARTNERSHIP ANNUAL REPORT 1998		 <p>FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS</p>		<p>FILED SECRETARY OF STATE DIVISION OF CORPORATIONS</p> <p>97 OCT 20 PM 3:53</p>	
1. Name of Limited Partnership ALBANY PLACE '85, LTD.		1a. DOCUMENT # A19891			
Mailing Address 1336 SEA MARSH COVE AMELIA ISLAND FL 32034		Principal Office Address 1336 SEA MARSH COVE AMELIA ISLAND FL 32034		3. Date Formed or Registered 05/09/1985 3a. Date of Last Report 12/12/1996 4. State or Country of Formation FL	
2. Mailing Address Suite, Apt. #, etc. City & State Zip Country		2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country		5a. Capital Contributions as Shown on record. \$1,875,000.00 5b. Amount of Capital Contributions in FLORIDA to date. 6. FEI Number 59-2527807 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 ASBURY, LLOYD T 214 N. CLAY ST. JACKSONVILLE FL 32202				10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City	
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.				100002326511--B -10/22/97--01036--004 ****541.25 ****541.25 FL	
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) SMITH, LLOYD III WEDEKIND, LEE D. JR. LLOYD SMITH III AND ASSOCIAT		11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 1336 SEA MARSH COVE 1336 SEA MARSH COVE 1336 SEA MARSH COVE		11b. City, State & Zip Code AMELIA ISLAND FL 3203 AMELIA ISLAND FL 3203 AMELIA ISLAND FL 3203	
				11c. Registration/Document Number 687843 KWM	
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 20, Florida Statutes.					
SIGNATURE _____		General Partner Lloyd Smith III		DATE 10/15/97 (904) 261-1092	
Typed or Printed Name of General Partner Signing Form		Daytime Telephone Number			

CR2E003 (6/97)