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

LIMITED PARTNERSHIP ANNUAL REPORT 1998

EXCHANGE BUILDING, LTD.



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partnership

DOCUMENT # **A20023** 

FILED SECRETARY OF STATE DESIGN OF CORPORATIONS

97 STC-1 AMII: 07



Mailing Address 201 S. MONROE ST. SUITE 500 TALLAHASSEE FL 32301		Principal Office Address 201 S. MONROE ST.		3. Date Formed or Registered 05/29/1985	5a. Capital Contributions as Shown on record. \$4,800.00  5b. Amount of Capital Contributions in FLORIDA		
		SUITE 500 TALLAHASSEE FL 32301	*** * ***				
2. Mailing Address		2a. Principal Office Address	2a. Principal Office Address		to date:		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			Applied For Not Applicable		
City & State  Zip Country		City & State	, ,		\$8.75 Additional Fee Required		
					8. Make check payable to: Dopt. of State (See reverse side for fee information)		
9. Name and Address of Current Registered Agent				10. If changed, new Registered Agent/Office			
MILLER, WILTON 201 S. MONROE SUITE 500 TALLAHASSEE F	E ST.		Name Street Address (P.O. Box Number is Not Acceptable) Suite. Apt. #, etc.				
10a. Pursuant to the	provisions of sections 620 105	1 and 620.192, Florida Statutes, the above-name or registered agent, or both, in the State of Fig.					
SIGNATURE (Registered	Agent Accepting Appointment			JAQ			
A GENERA	L PARTNER THA ML	AT IS A CORPORATION, I JST BE REGISTERED AN	LIMITED ID ACTIV	PARTNERSHIP OR OTHI E WITH THIS OFFICE.	ER BUSI	NESS ENTITY	
11. Name(s) of G	Soneral Partnur(s)	11a. Address of Each Gener	al Partner	11b. City, State & Zip Code	11c.	Registration/ Document Number	
MILLER, WILTON R.		201 S. MONROE ST. #5	0	TALLAHASSEE FL			
OLIVE, W. ROB	ERT	201 S. MONROE ST. #50	201 S. MONROE ST. #50				
				000002 -12/0 *****	23 <b>63</b> 1 4/870 158.25	<b>0403</b> 1076022 ****156.25	
<u> </u>				dec			
Note: Genera	I nartners MAV N	OT be changed on this form	n: an ame	ndment must be filed to ch	ange a g	eneral 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 trained and that my significant shall have the same legal effects as if made under eath. I further certify that I am a General Partner of the limited partnership, receiver or trusted empowered to execute this eport as required by charter 620. Fiorita Statutes.

**SIGNATURE** 

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

DATE . 11-25-97