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

LIMITED PARTNERSHIP



FLORIDA DEPARTMENT OF STATE

Sandra Mortham

DIVERSE TARY OF STATE

1997		etary of State F CORPORATIONS	96 DEC 17 AHII: 16								
1. Name of Limited Partnership	1aA22282 UMENT #										
CENTRAL PARK PARTNEF	RS, LTD.		- 11011011 1010 11101 1110 1110 1110 11		DIL 81811 61011 61011 81011 7101						
Mailion Addiens Hwy. #39 Jacksonville Fl 32207	Principal Office Actions #39 3726 PHILLIPS HWY. #39 JACKSONVILLE FL 32207		3. Date*ormed or Registered 03/26/1986	58. Capital Contributions as Shown on record. \$200.00 5b. Amount of Capital Contributions in FLORIDA to date.							
			3a 01/17/1996 ort								
2. Mailing Address	28. Principal Office Address		4. State or Country of Formation								
Suite, Apt. #, etc.	Suite, Apt. #, etc.		6. 59-2863010		Applied For Not Applicable						
City & State	City & State		7. Certificate of Status Desired		\$8.75 Additional						
Zip Country	Zip	Zip Country		Fee Required 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 Registere	d Agent/Office							
PHILLIPS, PHILLIP B JR. 3728 PHILLIPS HIGHWAY SUITE 39 JACKSONVILLE FL 32207		Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc.									
								City		FL	Zip Code
						for the purpose of changing its registered	1051 and 620.192, Florida Statutes, the above- office or registered agent, or both, in the State bligations of section 620.192, Florida Statutes				
SIGNATURE (Registered Agent Accepting Appointment)			DATE								
A GENERAL PARTNER T	HAT IS A CORPORATION MUST BE REGISTERED	N, LIMITED PAI AND ACTIVE V	RTNERSHIP OR OTHE VITH THIS OFFICE.	R BUSI	NESS ENTITY						

11. Name(s) of General Partner(s)	Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/ Document Number
CP SERVICE CORP. 3728 PHILLIPS HWY., #		JACKSONVILLE FL 32207	P93000068811
,			
		70000	 9370071
•		-12/24.	/8601097008
		[*******] *********	9 1. 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 filling is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I release the Division of Corporation and statutes are supplied to deemed exempt from public access. I further certify that the information indicated on this annual report is true and educate and that making nature 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 required by grapher 620. Florida Statutes.

SIGNATURE

Typed or Printed Name of General Partner Signing Form