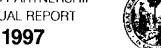
## FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT



empowered to execute this report as required by chapter 620. Florida Statutes.

Typed or Printed Name of General Partner Signing Form SAMUEL F. GRIGSBY, Jr.



FLORIDA DEPARTMENT OF STATE

## Sandra Mortham

Secretary of State
DIVISION OF CORPORATIONS

1. Name of Limited Partnership

1a. DOCUMENT # **A22757** 

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SECREMENT OF STATE TALLAMASSEE, FLORIDA

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SFG PROPERTIES, LTD.						
Maling Address Principal Office Address  1245 W. FAIRBANKS AVE.  SUITE 390 SUITE 500		(S AVE.		3. Date Formed or Reg stered 06/18/1986	5a. Capita: Contributions as Shown on record.	
WINTER PARK FL 32789	WINTER PARK FL 32789			3a. Date of Last Report 02/14/1996	5b. Amount of Capital Contributions in FLORIDA to date	
2. Mailing Address	2a. Principal Office Address			4. State or Country of Formation		
Suite, Apt #, etc	Suile, Aplit, etc 390	Suite 340		6. FEI Number 59-2584076	Applied For Not Applicable	
City & State	City & State			7. Certificate of Status Desired	\$8.75 Additional Fee Required	
Zip Country	Zip	Country		8. Make check payable to: Dept. o	f State (See reverse side for fee information)	
9. Name and Address	10. If changed, new Registered Agent/Office					
GRIGSBY, RONALD P. 1245 W. FAIRBANKS AVE., STE. 390 WINTER PARK FL 32789		Name				
		Street Address (P.O. Box Number is Not Acceptable).				
		Suite, Apt. #, etc01/10/9701112003 ****\$76, 25 *****\$76, 25				
		City Zip Code				
for the purpose of changing its registere agent. I am familiar with, and accept the SIGNATURE (Registered Agent Accepting Appoi		Florida Such chan	nge was auth	norized by its general partner(s). I her	eby accept the appointment of registered	
A GENERAL PARTNER	THAT IS A CORPORATION, MUST BE REGISTERED A	ND ACTIV	/E WIT	H THIS OFFICE.	R BUSINESS ENTITY	
11. Name(s) of General Partner(s)	11a. (Do NOT Use Post Office	eral Partner Box Numbers)	11b.	City, Stale & Zip Code	11c. Registration/ Document Number	
GRIGSBY, SAMUEL F.	1070 ST. IVES CT.	- - - -	МО	RRISTOWN TN 37814		
	AY NOT be changed on this folloppied with this filling is voluntarily furnished and does					

Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event trial 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 each I further certify that I am a General Partner of the limited partnership, receiver or trustee

DATE 12-31-96

Daytime Telephone Number 423 -58 7- 7135