


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. Morfham Secretary of State DIVISION OF CORPORATIONS</p>		<p>FILED 97 NOV -3 PM 3: 27 SECRETARY OF STATE TALLAHASSEE, FLORIDA</p>	
1. Name of Limited Partnership P.A.D., LTD.		1a. DOCUMENT # A23514 <i>98-AR/CUS CM</i>			
Mailing Address P.O. BOX 23099 JACKSONVILLE FL 32237		Principal Office Address 2092 FOREST CIRCLE JACKSONVILLE FL 32257		3. Date Formed or Registered 10/31/1986 3a. Date of Last Report 09/20/1996	
2. Mailing Address Suite, Apt. #, etc. P.O. Box 8814 City & State GREENVILLE, SC Zip 29604-8814		2a. Principal Office Address Suite, Apt. #, etc. 480 E. PARKINS Mill Rd City & State GREENVILLE, SC Zip 29607		4. State or Country of Formation FL 5a. Capital Contributions as Shown on record. \$2,500,000.00 5b. Amount of Capital Contributions in FLORIDA to date:	
6. FEI Number 59-2721655		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable 7. Certificate of Status Desired <input checked="" 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 NICKELL, DONALD H. JR. 2092 FOREST CIR. JACKSONVILLE FL 32257			10. If changed, now Registered Agent/Office Name ALBERT FRANK Street Address (P.O. Box Number Is Not Acceptable) 3302 HENDERSON BLVD 3102 SCHILLER ST. Suite, Apt. #, etc. Suite # 102 City TAMPA, FL Zip Code 33629		
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) <i>X Albert Frank</i> DATE Oct. 30, 1997					
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) P.A.D., INC.		11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 2092 FOREST CIRCLE 480 E. PARKINS Mill Rd		11b. City, State & Zip Code JACKSONVILLE FL 32257 GREENVILLE, SC 29607	
11c. Registration/Document Number 215410		100002339451--2 -11/05/97--01097--033 ****550.00 ****550.00			
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 620, Florida Statutes.					
SIGNATURE <i>[Signature]</i> PRESIDENT DATE 9/13/97 Typed or Printed Name of General Partner Signing Form P.A.D., INC GENERAL PARTNER Daytime Telephone Number 904-250-5137					

CR2E003 (6/97)