

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

LIMITED PARTNERSHIP
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

97 JAN -6 AM 10:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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1. Name of Limited Partnership MARATHON ASSOCIATES, LTD.	1a. DOCUMENT # A23810
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Mailing Address 5001 PHILLIPS HIGHWAY, 7-B JACKSONVILLE FL 32207		Principal Office Address 5001 PHILLIPS HIGHWAY, 7-B JACKSONVILLE FL 32207	3. Date Formed or Registered 12/16/1986	5a. Capital Contributions as Shown on record \$789,600.00
2. Mailing Address		2a. Principal Office Address	3a. Date of Report 01/08/1996	5b. Amount of Capital Contributions in FLORIDA to date
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. State or Country of Formation FL	6. 59-2749233	
City & State	City & State	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)	
Zip	Country	Zip	Country	

9. Name and Address of Current Registered Agent LEBOEUF, LAMB, LEIBY & MACRAE, P.A. 50 N. LAURA ST SUITE 2800 JACKSONVILLE FL 32202	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code
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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) _____ 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) SOUTHERN PROPERTY PLANN. EMPIRE PARK, INC.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 5001 PHILLIPS HWY., # 200 LAURA, 12TH FLOOR	11b. City, State & Zip Code JACKSONVILLE FL JACKSONVILLE FL	11c. Registration/Document Number J04498 J20745
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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 689, Florida Statutes.

SIGNATURE

DATE **12-30-96**

Typed or Printed Name of General Partner Signing Form

Kenneth Drummond

Daytime Telephone Number

904-737-1245

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CR2E003 (6/96)