

FILE ON OR BEFORE APRIL 9, 1997 TO AVOID REVOCATION
AND \$500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1997



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 MAR -4 AM 9:47



1. Name of Limited Partnership	1a. DOCUMENT # A24248
CALVERT PROPERTY KEY LARGO LIMITED PARTNERSHIP	

Mailing Address 12884 HARBOR DRIVE WOODBIDGE VA 22182	Principal Office Address 12884 HARBOR DRIVE WOODBIDGE VA 22182	3. Date Formed or Registered 03/06/1987	5a. Capital Contributions as Shown on record. \$99.00
2. Mailing Address 12872 Harbor Drive	2a. Principal Office Address 12872 Harbor Drive	3a. Date of Last Report 11/28/1995	5b. Amount of Capital Contributions in FLORIDA to date:
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. State or Country of Formation VA	
City & State Woodbridge	City & State Woodbridge, VA	6. FEI Number 54-1406468	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip VA 22192 - USA	Zip 22192 - USA	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 GRASKEWICZ, JON 860 ELLEN DRIVE KEY LARGO FL 33037	10. If changed, new Registered Agent/Office Name 0000002105560--3 Street Address (P.O. Box Number is Not Accepted) 08/06/97--01004--004 Suite, Apt. #, etc. ****165.00 ****165.00 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) JAZ-SIX CORPORATION	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 12872 12884 HARBOR DRIVE	11b. City, State & Zip Code WOODBIDGE VA 22182	11c. Registration/ Document Number F93000004515
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dec (cons) 165.00 (new fees)

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

DATE

Typed or Printed Name of General Partner Signing Form

Robert C. Wilcox

Daytime Telephone Number

(703) 643-5001