

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

FILED
96 OCT -4 PM 4:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED PARTNERSHIP ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra Northam Secretary of State DIVISION OF CORPORATIONS
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1. Name of Limited Partnership	1a. DOCUMENT # A26551
OLIVER-JACKSONVILLE ASSOCIATES, LTD.	



2. Mailing Address	2a. Principal Office Address	3. Date Formed or Registered	5a. Capital Contributions as Shown on record
10221 EMERALD COAST PARKWAY SUITE 23 DESTIN FL 32541	10221 EMERALD COAST PARKWAY SUITE 23 DESTIN FL 32541	06/13/1988	\$100.00
Suite, Apt. #, etc.	Suite, Apt. #, etc.	3a. Date of Last Report	5b. Amount of Capital Contributions in FL ORIDA to date
City & State	City & State	03/25/1996	
Zip	Country	4. State or Country of Formation	
		FL	
		6. FLI Number	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
		62-1378010	
		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)	

9. Name and Address of Current Registered Agent

POPE, WILLIAM A
10221 EMERALD COAST PARKWAY
SUITE 23
DESTIN FL 32541

10. If changed, new Registered Agent/Office

Name _____

Street Address (P.O. Box Number Is Not Acceptable) _____

Suite, Apt. #, etc. _____

City _____ State **FL** Zip Code _____

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)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration Document Number
OLIVER, HOWARD C.	10221 EMERALD COAST P	DESTIN FL	700001970157 -10/10/96--01019--006 ****191.25 ****191.25
OWENS, PAUL D.	LEIGH PLACE	MONTGOMERY AL	

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 **9/12/96**

Typed or Printed Name of General Partner Signing Form **HOWARD C. OLIVER** Daytime Telephone Number **904 8371662**

CR2E003 (6/96)