


<div>1999 ANNUAL REPORT FOR LIMITED PARTNERSHIP</div> <div><div>A26551</div></div>		<div>FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 99 JUN 10 PM 2:49</div> <div>DO NOT WRITE IN THIS SPACE</div>	
<div>DOCUMENT # A26551</div> <div>1. Name of Limited Partnership OLIVER JACKSONVILLE ASSOCIATES, LTD.</div>			
<div>2. Mailing Address 10065 EMERALD COAST PKWY. Suite, Apt. #, etc. SUITE C3 City & State DESTIN, FLORIDA Zip 32541 Country WALTON</div>		<div>3. Principal Office Address 10065 EMERALD COAST PKWY. Suite, Apt. #, etc. SUITE C3 City & State DESTIN, FLORIDA Zip 32541 Country WALTON</div>	
		<div>4. Date Formed or Registered To Do Business in Florida 6/13/1988</div> <div>5. FEI Number 62-1378010</div> <div>6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status</div> <div>7. State or Country of Formation</div>	
<div>8a. Capital Contributions as Shown on Record \$100.00</div> <div>8b. Amount of Capital Contributions in FLORIDA to date \$100.00</div>		<div>FEES: 1.) Filing Fee(s): Computed at a rate of \$7 per \$1,000 on amount entered in 8b, with a minimum filing fee of \$12.50 and a maximum of \$437.50, for each year due this office. 2.) Supplemental Fee(s): \$88.75 for each year due this office, beginning with 1992 calendar year. 3.) Penalty Fee(s): \$500 penalty fee for each year report form is delinquent. Note: If the amount entered in 8b is greater than amount entered in 8a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.</div>	
<div>9. Name and Address of Current Registered Agent POPE, WILLIAM A. 10065 EMERALD COAST PKWY, SUITE C3 DESTIN, FLORIDA 32541</div>		<div>10. If changed, new registered agent/office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City</div>	
<div>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.</div> <div>SIGNATURE (Registered Agent Accepting Appointment) DATE JUNE 9, 1999</div> <div>A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</div>			
<div>11. Names of General Partner(s) OLIVER, HOWARD C. OWENS, PAUL D.</div>		<div>Address of Each General Partner (Do NOT Use Post Office Box Numbers) 10065 EMERALD COAST PKWY. SUITE C3 315 BELLEVILLE</div>	
		<div>City, State and Zip Code DESTIN, FLORIDA 32541 BREWTON, ALABAMA 36426</div>	
<div>THIS IS THE 1999 ANNUAL REPORT</div>		<div>11a. Registration Document Number 99 JUN 10 PM 2:49</div>	
<div>REINSTATEMENT 1999</div>			
<div>Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.</div>			
<div>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.</div> <div>SIGNATURE DATE 6/9/99 Typed or Printed Name of General Partner Signing Form Telephone Number 8508371662</div>			

CR2E039 (12/98)