

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

96 OCT - 8 PM 1:38

LIMITED PARTNERSHIP ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra Mortham Secretary of State DIVISION OF CORPORATIONS
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1. Name of Limited Partnership NORTHLAKE ASSOCIATES OF JACKSONVILLE, LTD.	1a DOCUMENT # A26588
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Mailing Address 1301 RIVERPLACE BLVD. SUITE 1830 JACKSONVILLE FL 32207	Principal Office Address 1301 RIVERPLACE BLVD. SUITE 1830 JACKSONVILLE FL 32207	3. Date Partnership Registered 06/17/1988	5a. Capital Contributions as Shown on record \$700,000.00
2. Mailing Address	2a. Principal Office Address	3a. 10/05/1995 or later	5b. Amount of Capital Contributions in FLORIDA to date 0
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FL or Country of Formation FL	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
City & State	City & State	6. 59-2899909	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
Zip	Country	7. Certificate of Status Desired	8. Make check payable to: Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent JACQUOT, J.W. 1301 RIVERPLACE BLVD. SUITE 1830 JACKSONVILLE FL 32207	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) THE DEVELOPMENT GROUP, I STOKES AND COMPANY	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 8381 DIX ELLIS TR #10 9000 CYPRESS GREEN DR	11b. City, State & Zip Code JACKSONVILLE FL JACKSONVILLE FL	11c. Registration/ Document Number H08353 496111
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****200.00 ****200.00

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 	V. Pres, The Development Group, Inc. Typed or Printed Name of General Partner Signing Form: Susan A. King	DATE 9/23/96 Daytime Telephone Number: (404) 399-1500
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CR2E003 (6/96)