

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**LIMITED PARTNERSHIP
ANNUAL REPORT
1997**



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

1. Name of Limited Partnership	1a. DOCUMENT # A26822
CORONA INVESTORS LIMITED	



#117

Mailing Address 3100 UNIVERSITY BLVD. SOUTH SUITE 200 JACKSONVILLE FL 32216		Principal Office Address 3100 UNIVERSITY BLVD. SOUTH SUITE 200 JACKSONVILLE FL 32216		3. Date Formed or Registered 07/29/1988	5a. Capital Contributions as Shown on record. \$1,000,000.00
				3a. Date of Last Report 01/02/1996	
2. Mailing Address		2a. Principal Office Address		4. State or Country of Formation FL	5b. Amount of Capital Contributions in FLORIDA to date. \$1,000,000.00
Suite, Apt. #, etc.		Suite, Apt. #, etc.		6. FEI Number 59-2901159 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
City & State		City & State		7. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip Country		Zip Country		8. Make check payable to: Dept. of State (See reverse side for fee information)	

9. Name and Address of Current Registered Agent MONTALVO, DEBBIE H. 3100 UNIVERSITY BLVD SOUTH SUITE 200 JACKSONVILLE FL 32216	10. If changed, new Registered Agent/Office Name Geraldine G. Brown Street Address (P.O. Box Number Is Not Acceptable) 3100 University Blvd. South Suite, Apt. #, etc. #200 City Jacksonville FL Zip Code 32216
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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) *Geraldine G. Brown* DATE **12/19/96**

**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
THE CLARKSON COMPANY	3100 UNIVERSITY BLVD.	JACKSONVILLE FL	J69900
<p>700002050147--7 -01/08/97--01038--006 ****576.25 ****576.25</p>			

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 *Patricia H. Clarkson* DATE **12/26/96**

Typed or Printed Name of General Partner Signing Form **Patricia H. Clarkson, V.P.,** Daytime Telephone Number **1-904-359-0045**

The Clarkson Company