

**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 26 PM 2:55



1. Name of Limited Partnership	1a. DOCUMENT # A27532
SALISBURY III, LTD.	

Mailing Address 4063 SALISBURY ROAD SUITE 203 JACKSONVILLE FL 32216	Principal Office Address 4063 SALISBURY ROAD SUITE 203 JACKSONVILLE FL 32216	3. Date Formed or Registered 12/13/1988	5a. Capital Contributions as Shown on record. \$888,000.00
2. Mailing Address 4237 SALISBURY RD. SUITE 308 JACKSONVILLE FL	2a. Principal Office Address SUITE 308 JACKSONVILLE FL	3a. Date of Last Report 12/26/1995	
4. State or Country of Formation FL	5b. Amount of Capital Contributions In FLORIDA to date:	6. FEI Number 59-2952000	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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 ALMAND, AMOS F III 4063 SALISBURY ROAD SUITE 203 JACKSONVILLE FL 32216	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) 4237 SALISBURY ROAD Suite, Apt. #, etc. SUITE 308 City JACKSONVILLE FL Zip Code FL 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) _____ DATE _____

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS DIVISION**

11. Name(s) of General Partner(s) ALMAND CONSTRUCTION CO	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 4063 SALISBURY RD #20	11b. City, State & Zip Code JACKSONVILLE FL 808368
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New Fees **KWM**

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** 2-11-97

Typed or Printed Name of General Partner Signing Form **AMOS F. ALMAND, III** **Daytime Telephone Number** 904 281-9862

CR2E003 (11/96)