

**FILE ON OR BEFORE APRIL 8, 1998 TO AVOID  
REVOCATION AND \$500 PENALTY FEE**

**LIMITED PARTNERSHIP  
ANNUAL REPORT  
1998**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS**

98 FEB 13 PM 1:48

<b>1.</b> Name of Limited Partnership	<b>1a.</b> DOCUMENT # <b>A27689</b>
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**KEADS' PROPERTIES, LTD.**



<b>Mailing Address</b> 4884 ORTEGA FOREST DR. JACKSONVILLE FL 32210		<b>Principal Office Address</b> 4070 HERSCHEL STREET JACKSONVILLE FL 32210		<b>3.</b> Date Formed or Registered 12/30/1988	<b>5a.</b> Capital Contributions as Shown on record.  <b>\$738,749.00</b>
				<b>3a.</b> Date of Last Report 12/09/1996	
<b>2.</b> Mailing Address		<b>2a.</b> Principal Office Address		<b>4.</b> State or Country of Formation FL	<b>5b.</b> Amount of Capital Contributions in FLORIDA to date:
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		<b>6.</b> FEI Number 59-2924545	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
Zip		Country		<b>7.</b> Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
<b>8.</b> Make check payable to: Dept. of State (See reverse side for fee information)					

<b>9.</b> Name and Address of Current Registered Agent  ROBISON, MARY A ESQUIRE C/O FISHER, TOUSEY, LEAS & BALL, P.A. 1 INDEPENDENT DR., STE. 2800 JACKSONVILLE FL 32202	<b>10.</b> If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is not acceptable) Suite, Apt. #, etc. City
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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.**

<b>11.</b> Name(s) of General Partner(s)	<b>11a.</b> Address of Each General Partner (Do NOT Use Post Office Box Numbers)	<b>11b.</b> City, State & Zip Code	<b>11c.</b> Registration/Document Number
ADAMS MANAGEMENT SERVICE	4070 HERSCHEL AVE. S.	JACKSONVILLE FL	K46384

**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 2/8/98

Typed or Printed Name of General Partner Signing Form: V. P. Adams, ADAMS MGMT SERVICES

CR2E003 (12/97)