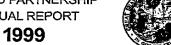
FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT

SIGNATURE.

Typed or Printed Name of General Partner Signing Form



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

W BE I				98 DEC - 3 AM IO: 05			
1. Name of Limited Partnership	1a. DOCUMENT # A27689			30000	J AD	0.03	
KEADS PROPERTIES, LTD.							
Mailing Address	Principal Office Address		3. Date Formed or Registered	5a. Capital Contributions as Shown on record.			
4984 ORTEGA FOREST DR.	4070 HERSCHEL STREET		12/30/1988	#700 740 CO			
JACKSONVILLE FL 32210				3a. Date of Last Report	\$738,749.00		
				02/13/1998	5b. Amo	unt of Capital ributions in FLORIDA	\neg
2. Mailing Address 2a. Principal Office Address				4. State or Country of Formation to date:			
				FL			
Suite, Apt. #, etc.	etc. Suite, Apt. #, etc.			6. FEI Number Applie			
City & State	City & State	ate		59-2924545		☐ Not Applicable	
Zip Country	Zip Country		-	7. Certificate of Status Desired		\$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			10. If changed, new Registered Agent/Office				-
			Name				
ROBISON, MARY A ESQUIRE			Street Address (P.O. Box Number is Not Acceptable)				
C/O FISHER, TOUSEY, LEAS & BALL, P.A.			Suite, Apt. #, etc.				
1 INDEPENDENT DR., STE. 2600 JACKSONVILLE FL 32202		City				Zip Code	
		<u> </u>	 .		FL		
10a. Pursuant to the provisions of sections 620,1051 an for the purpose of changing its registered office or a agent. I am familiar with, and accept the obligations	registered agent, or both, in the State of Florid	d limited partno da. Such chang	ership organ ge was auth	ized or registered under the laws of the orized by its general partner(s). I hereby	State of Florio accept the ap	la, submits this statemen opointment of registered	t
SIGNATURE (Registered Agent Accepting Appointment)				DATE			
A GENERAL PARTNER THAT MUS	IS A CORPORATION, L T BE REGISTERED AN	IMITED D ACTI\	PART /E WIT	NERSHIP OR OTHE TH THIS OFFICE.	R BUSI	NESS ENTIT	Y
11. Name(s) of General Partner(s)	Address of Each General Partner (Do NOT Use Post Office Box Numbers)		11b.	City, State & Zip Code	11c.	Registration/ Document Number	
ADAMS MANAGEMENT SERVICE	4070 HERSCHEL AVE. S-		JACKSONVILLE FL		K46384		
				300002 -12/09. ****57	/ <u>98</u> 0	3435 1068010 ****526.25	ع د
*					-		
			. ,		<u> </u>		
Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.							<u>. </u>
12. I do hereby certify that the Information supplied with the Corporations from any liability of non-compliance with this annual report is true and accurate and that my sign empowered to execute this report as required by chap	Section 119.07(3)(k) in the event that the infi mature shall have the same legal effects as it	ormation suppl	ied is deem	ed exempt from public access. I further	certify that the	Information Indicated on	