


FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
1. Name of Limited Partnership JACKSON SQUARE LIMITED PARTNERSHIP		1a. DOCUMENT # A28699	
Mailing Address C/O CARNEGIE COMPANIES 10 BROADWAY AVENUE BEDFORD OH 44146		Principal Office Address C/O CARNEGIE COMPANIES 10 BROADWAY AVENUE BEDFORD OH 44146	
2. Mailing Address Suite, Apt. #, etc. City & State Zip Country		2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country	
3. Date Formed or Registered 07/24/1989		5a. Capital Contributions as Shown on record \$350,000.00	
3a. Date of Last Report 12/20/1996		5b. Amount of Capital Contributions in FLORIDA to date:	
4. State or Country of Formation OH		6. FEI Number 34-1628787	
7. Certificate of Status Desired		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
8. Make check payable to: Dept. of State (See reverse side for fee information)		\$8.75 Additional Fee Required	

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 DEC 26 PM 1:54



9. Name and Address of Current Registered Agent PESSES, MARVIN 6430 VIA ROSA BOCA RATON, FL. FL 33433		10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code	
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) PESSES, PAUL	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 10 BROADWAY AVENUE	11b. City, State & Zip Code BEDFORD OH 44146	11c. Registration/Document Number 900002398519--6 -01/13/98--01073--019 *****541.25 *****541.25

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

Typed or Printed Name of General Partner Signing Form

PAUL PESSES, Managing Gen

DATE

12/19/97

Daytime Telephone Number

440-232-2300

CR2E003 (6/97)