

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

LIMITED PARTNERSHIP
ANNUAL REPORT

2000



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 APR 28 AM 3:05

1. Name of Limited Partnership	1a. DOCUMENT # A28995
FORCE FINANCIAL, LTD.	



Mailing Address 111 RIVERSIDE AVENUE, SUITE 320 JACKSONVILLE FL 32202	Principal Office Address 111 RIVERSIDE AVENUE, SUITE 320 JACKSONVILLE FL 32202	3. Date Formed or Registered 10/02/1989	5a. Capital Contributions as Shown on record. \$2,632,880.00
		3a. Date of Last Report 12/17/1997	5b. Amount of Capital Contributions in FLORIDA to date: \$2,632,880.00
2. Mailing Address 4250 LAKESIDE DR SUITE 212 JACKSONVILLE FL 32210 USA	2a. Principal Office Address 4250 LAKESIDE DR SUITE 212 JACKSONVILLE FL 32210 USA	4. State or Country of Formation FL	6. FEI Number 59-2969379 <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 CATER, JAMES W., JR. 111 RIVERSIDE AVENUE, SUITE 320 JACKSONVILLE FL 32202	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) 4250 LAKESIDE DR. Suite, Apt. #, etc. SUITE 212 City JACKSONVILLE - FL Zip Code 32210
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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.

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
CATER, JAMES W., JR.	111 RIVERSIDE AVE., #	JACKSONVILLE FL	
FORCE FINANCIAL CORP.	111 RIVERSIDE AVE., #	JACKSONVILLE FL	L40124
600003272616--2 -05/31/00-01088-017 ****526.25 ****526.25			

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

DATE

Printed Name of General Partner Signing Form

James W. Cater, Jr. MGP

Daytime Telephone Number

04-28-00
904-381-0421