



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

<b>LIMITED PARTNERSHIP ANNUAL REPORT 1998</b>		 <b>FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS</b>		<b>FILED</b> 97 SEP 22 AM 9:02 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
1. Name of Limited Partnership <b>SJH PARTNERSHIP, LTD.</b>		1a. DOCUMENT # <b>A29079</b> <i>98-AR CM</i>			
Mailing Address <b>2395 INTERNATIONAL GOLF PARKWAY ST. AUGUSTINE FL 32095</b>		Principal Office Address <b>2395 INTERNATIONAL GOLF PARKWAY ST. AUGUSTINE FL 32095</b>		3. Date Formed or Registered <b>10/19/1989</b>	
2. Mailing Address <b>3370 I International Golf Pkwy</b>		2a. Principal Office Address <b>3370 I International Golf Pkwy</b>		3a. Date of Last Report <b>10/31/1996</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. State or Country of Formation <b>FL</b>	
City & State <b>St. Augustine, FL</b>		City & State		6. FEI Number <b>-59-2994489</b> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Zip Country <b>32092 U.S.A.</b>		Zip Country		7. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
				8. Make check payable to: Dept. of State (See reverse side for fee information)	
9. Name and Address of Current Registered Agent <b>DAVIDSON, JAMES E., JR. 2395 INTERNATIONAL GOLF PARKWAY ST. AUGUSTINE FL 32095</b>				10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) <b>3370 I International Golf Pkwy.</b> Suite, Apt. #, etc. City <b>St. Augustine</b> Zip Code <b>FL 32092</b>	
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) <i>[Signature]</i> DATE <b>9/8/97</b>					
<b>A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b>					
11. Name(s) of General Partner(s) <b>SJ MEMPHIS, LTD.</b>		11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) <b>%3797 NEW GETWELL ROA</b>		11b. City, State & Zip Code <b>MEMPHIS TN 38118</b>	
				11c. Registration/ Document Number <b>A94000000865</b>	
				<b>700002302397--4 -09/24/97--01074--019 ****541.25 ****541.25</b>	

**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 effect 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

**9/8/97**

Typed or Printed Name of General Partner Signing Form

*James E. Davidson Jr*

Daytime Telephone Number

**204-826-4443**

CR2E003 (6/97)