

**FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP
ANNUAL REPORT
1997



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

SEP 13 PM 2:17

1. Name of Limited Partnership

1a. DOCUMENT #
A29733

MARION PROPERTIES RIC., LTD.



Mailing Address
**11635 N.W. 1ST AVE.
GAINESVILLE FL 32607**

Principal Office Address
**11635 N.W. 1ST AVE.
GAINESVILLE FL 32607**

3. Date Formed or Registered
03/01/1990

5a. Capital Contributions as Shown on record
\$38,000.00

3a. Date of Last Report
11/28/1995

5b. Amount of Capital Contributions in FL ORIDA to date

4. State or Country of Formation
FL

2. Mailing Address
101 N.E. First Ave.

2a. Principal Office Address
101 N.E. First Ave.

Suite, Apt #, etc.
Ocala, FL 34470

Suite, Apt. #, etc.
Ocala, FL 34470

6. FEI Number
59-2993276

Applied For
 Not Applicable

City & State
Marion

City & State
Marion

7. Certificate of Status Desired

\$8.75 Additional Fee Required

Zip Country

Zip Country

8. Make check payable to Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent

**HALE, TASHIA C.
11635 N.W. 1ST AVE.
GAINESVILLE FL 32607**

10. If changed, new Registered Agent/Office

Name
John S. Rudniansyn

Street Address (P.O. Box Number is Not Acceptable)
101 N.E. First Ave.

Suite, Apt #, etc.

City
Ocala

Zip Code
FL 34470

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

GGG, INC.

~~11635 N.W. 1ST AVE.~~
240 SE 17th St.

~~GAINESVILLE FL~~
Ocala, FL 34471

L53395

7001032039887-4
-12/27/95--01107-012
****404.75 ****404.75

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

Nolan C. Galloway

DATE

Typed or Printed Name of General Partner Signing Form

Nolan C. Galloway

Daytime Telephone Number **622-8127**

CR2E03 (6/96)