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

LIMITED PARTNERSHIP ANNUAL REPORT 1997



THE BLAKEWOOD REAL ESTATE LIMITED PARTNERSHIP

FLORIDA DEPARTMENT OF STATE

Sandra Mortham

Secretary of State **DIVISION OF CORPORATIONS**

1. Name of Limited Partnership

DOCUMENT # A31199

96 DEC 23 PM 1: 24



A GENERAL PARTNER TI Name(s) of General Partner(s) BLAKEWOOD, STEPHEN W. BLAKEWOOD, SALLY K.		ND ACTIVE	PARTN E WITH 11b. GAINI	ERSHIP OR OTHE	R BUSI	NESS ENTITY Registration/ Document Number	
A GENERAL PARTNER TI N 11. Name(s) of General Partner(s)	HAT IS A CORPORATION AUST BE REGISTERED A	LIMITED F	PARTN E WITH 11b.	ERSHIP OR OTHE I THIS OFFICE. City, State & Zip Code	R BUSI	Registration/	
A GENERAL PARTNER THE	HAT IS A CORPORATION MUST BE REGISTERED A	LIMITED F	PARTN E WITH	ERSHIP OR OTHE THIS OFFICE.	R BUSI	Registration/	
A GENERAL PARTNER TI	HAT IS A CORPORATION	LIMITED F	PARTN	ERSHIP OR OTHE		NESS ENTITY	
SIGNATURE (Registered Agent Accepting Appointm	ent)			DATE			
10a. Pursuant to the provisions of sections 620 to for the purpose of changing its registered of agent. I am familiar with, and accept the ob-	1051 and 626 192, Florida Statules, the above-na office or registered agent, or both, in the State of olligations of section 620,192, Florida Statutes.	med limited partners Florida. Such change	ship organize e was authori	d or registered under the laws of the laws of the decided by its general partner(s). I here	ne State of Flori aby accept the	da, submits this statement appointment of registered	
		City			FL	Zip Code	
BLAKEWOOD, STEPHEN W. 3235 SW 62ND LANE GAINESVILLE FL 32608		Suite, Apt. #. etc.					
		Street Address (P.O. Box Number Is Not Acceptable)					
9. Name and Address of Current Registered Agent		10. If changed, new Registered Agent/Office Name					
						proc side for the information)	
Zip Country	Crty & State Zip Country				\$8.75 Additional Fee Required of State (See reverse side for fee information		
City & State			59-3046072 7. Certificate of Status Desired		Not Applicable		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		6	6, FEI Number		Applied For	
2. Mailing Address	2a. Principal Office Address		"	FL		1000.00	
			12/20/1995 4. State or Country of Formation		5b. Amount of Capital Contributions in FLORIDA to date:		
GAINESVILLE FL 32608	Principal Office Address 3235 SW 62ND LANE GAINESVILLE FL 32608		3	3a. Date of Last Report		\$1,000.00	
VALVA VII VEITA LANK			'	02/14/1991		58. Capital Contributions as Shown on record.	
Mailing Address 3235 SW 62ND LANE			3. Date Formed or Registered 58. Capital Contributions as				

12. I do hereby certify that the information supplied with this liting 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 hability 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 Stalutes

SIGNATURE :

Blakewood Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number _ 352 - 375