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

LIMITED PARTNERSHIP ANNUAL REPORT

1997

DIAMOND S LIMITED PARTNERSHIP



FLORIDA DEPARTMENT OF STATE

## Sandra Mortham

Secretary of State
DIVISION OF CORPORATIONS

1. Name of Limited Partnership

1a. DOCUMENT # **A9200000222** 

#ILEO SECRETARY OF STATE DIVISION OF CORPORATIONS

96 DEC 23 AM 10: 49



Mailing Address 7601 HOLLYRIDGE ROAD				3. Date Formed or Registered 12/23/1992	58. Capital Contributions as Shown on record \$900,000.00  5b. Amount of Capital Contributions in FLORIDA to date:		
JACKSONVILLE FL 32256				3a. Date of Last Report 12/21/1995			
2. Mailing Address	28. Principal Office Address			4. State or Country of Formation			
Suite, Apt. #, etc.	Suite, Apt. #, etc.			6. FEI Number <b>59-3215819</b>	Applied For Not Applicable		
City & State	City & State		-	7. Certificate of Status Desired		\$8.75 Additional	
Zip Country	Zip Country			Fee Required  8. Make check payable to Dopt of State (See reverse side for fee information)			
9. Name and Address of Current Registered Agent				10. If changed, new Registered Agent/Office			
SKINNER, RICHARD G JR 7601 HOLLYRIDGE ROAD JACKSONVILLE FL 32256			Name  Street Address (P.O. Box Number Is Not Acceptable)  Suite, Apt. #, etc  Cty  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).							
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. (Do NOT Use Post Office B	l Partner ox Numbers)	11b.	City, State & Zip Code	11c.	Registration/ Document Number	
SKINNER, RICHARD G JR	7601 HOLLYRIDGE ROAD		JAC	KSONVILLE FL 32256			
SKINNER, ANN F	7601 HOLLYRIDGE ROAD		JACKSONVILLE FL 32256				
				1 00002 -01/0 *****	2 <b>04</b> 6 7/970 576,25	1718 1092012 *****576.25	

CR2E003 (6/96)

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

I do horeby 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. Frelease 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, Florigal Statutes.

Typed or Printed Name of General Partner Signing Form.

Daytime Telephone Number ,

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