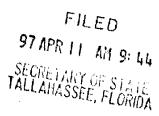
FILE ON OR BEFORE APRIL 9, 1997 TO AVOID REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE Sandra Mortham

Secretary of State DIVISION OF CORPORATIONS



KICKOFF PARTNERS, LTD. Mailing Address	Principal Office Address	AP M				
Mailing Address	Principal Office Address	an-Ar cm				
ONE STADIUM PLACE	Principal Office Address ONE STADIUM PLACE JACKSONVILLE FL 32216 4541.75		3. Date Formed or Registered 01/13/1993 5a. Capital Contributions as Shown on record.			
JACKSONVILLE FL 32216				5b. Amount of Capital Contributions in FLORIDA to date:		
2. Mailing Address	2a. Principal Office Address	4. State or Country of Formation		3,119,994.		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		6. FEI Number 59-3205911	<u></u>	Applied For Not Applicable	
City & State Zip Country	City & State Zip Country		7. Certificate of Status Desired		\$8.75 Additional Fee Required	
Zip Country	Zip C	8. Make check payable to: Dept. of	State (See reve			
9. Name and Address of Currer	nt Registered Agent		10. If changed, new Registere	d Agent/Office		
WEAVER, J. WAYNE 7899 BAYMEADOWS WAY JACKSONVILLE FL 32256		Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc.				
10a. Pursuant to the provisions of sections 620.1051 at the purpose of changing its registered office or register familiar with, and accept the obligations of se	istered agent, or both, in the State of Florida. Si					
SIGNATURE (Registered Agent Accepting Appointment) A GENERAL PARTNER THAT MUS	IS A CORPORATION, LIST BE REGISTERED AND	MITED PAR'	DATE TNERSHIP OR OTHE TH THIS OFFICE.		NESS ENTITY	
11. Name(s) of General Partner(s)	11a. Address of Each General F (Do NOT Use Post Office Box	Partner Numbers) 11b.	City, State & Zip Code	11c.	Registration/ Document Number	
WEAVER, J W	7899 BAYMEADOWS WAY	J	ACKSONVILLE FL 32216			
			60 000 2 -04/17 ***10	145 797-01 82.50	7869 (085025 ****541.25	
Note: General partners MAY NO	T be changed on this form	; an amendme	ent must be filed to ch	ange a g	eneral partner.	

used that the information supplied is deemed exempt from public access. I further certify that the information indicated on this effects as it made under eath. I further certify that I am a General Partner of the limited partnership, receiver or trustee annual report is true and accurate and the

S	IG	NA'	TU	RE

Typed or Printed Name of Go ieral Partner Signing Form Daytime Telephone Number

4-9-97