

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

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



LIMITED PARTNERSHIP
ANNUAL REPORT
1998

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

1. Name of Limited Partnership

1a. DOCUMENT #
A93000000835

CORIM - FORSYTH STREET, LTD.

*CR-AR/LUS
CM*



Mailing Address

P.O. BOX 359
JACKSONVILLE FL 32201-0359

Principal Office Address

100 LAURA STREET, SUITE 600
JACKSONVILLE FL 32202

3. Date Formed or Registered

08/11/1993

5a. Capital Contributions as Shown on record

\$10,000,000.00

3a. Date of Last Report

01/03/1997

5b. Amount of Capital Contributions in FLORIDA to date

#437,750.00

4. State or Country of Formation

FL

6. FEI Number

59-3195724

Applied For
 Not Applicable

7. Certificate of Status Desired

\$8.75 Additional Fee Required

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

2. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

2a. Principal Office Address

325 West Adams Street

Suite, Apt. #, etc.

6th floor

City & State

Jacksonville, FL

Zip

32202

Country

U.S.

9. Name and Address of Current Registered Agent

WILLINGHAM, BEN H JR
100 LAURA STREET, SUITE 600
JACKSONVILLE FL 32202

10. If changed, new Registered Agent/Office

Name
The Corim Group, Inc.

Street Address (P.O. Box Number Is Not Acceptable)
325 West Adams Street

Suite, Apt. #, etc.

6th floor

City

Jacksonville

FL

Zip Code

32202

10a. Pursuant to the provisions of sections 620.105-1 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.

T.J. Measee, V.P. of The Corim Group, Inc.

SIGNATURE (Registered Agent Accepting Appointment)

DATE *11/10/97*

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)

CORIM, INC.

11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)

100 LAURA STREET, SUI

11b. City, State, and Zip Code

JACKSONVILLE FL 32202

800002395928-3

-01/09/98--01089--004

*****38.75 *****38.75

P02854

800002395928-3

-01/09/98--01089--002

****450.00 ****450.00

800002395928-3

-01/09/98--01089--003

*****61.25 *****61.25

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

DATE *11/10/97*

Typed or Printed Name of General Partner Signing

T.J. Measee, V.P. of The Corim Group, Inc. 904-355-3500

CR2E003 (6/97)