

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

**FILED**

96 DEC 19 AM 8:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**LIMITED PARTNERSHIP  
ANNUAL REPORT  
1997**



FLORIDA DEPARTMENT OF STATE  
**Sandra Morham**  
Secretary of State  
DIVISION OF CORPORATIONS

1. Name of Limited Partnership <b>LANDCOM-REGENCY MANDARIN, LTD.</b>		1a. DOCUMENT # <b>A93000001117</b>	
2. Mailing Address 121 W. FORSYTH ST., SUITE 200 JACKSONVILLE FL 32202		2a. Principal Office Address 121 W. FORSYTH ST., SUITE 200 JACKSONVILLE FL 32202	
3. Date Formed or Registered 10/28/1993		5a. Capital Contributions as Shown on record <b>\$100.00</b>	
3a. 12/12/1995		5b. Amount of Capital Contributions in FLORIDA to date.	
4. State or Country of Formation <b>FL</b>		6. 59-8207870 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
7. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		8. Make check payable to: Dept. of State (See reverse side for fee information)	



*ff 12/30*

9. Name and Address of Current Registered Agent <b>MILLER, ROBERT L JR. THE REGENCY GROUP INC. 121 W. FORSYTH ST. JACKSONVILLE FL 32202</b>		10. If changed, new Registered Agent/Office Name <b>F&amp;L Corp.</b> Street Address (P.O. Box Number Is Not Acceptable) <b>200 Laura Street</b> Suite, Apt #, etc. City <b>Jacksonville</b> <b>FL</b> Zip Code <b>32202</b>	
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. F&L Corp. SIGNATURE (Registered Agent Accepting Appointment) <i>Charles V. Hedrick</i> , Authorized Signatory DATE <b>12/19/96</b>			
<b>A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b>			

11. Name(s) of General Partner(s) <b>RRC GENERAL SPC, INC.</b>	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) <b>121 W. FORSYTH ST., S</b>	11b. City, State & Zip Code <b>JACKSONVILLE FL 32202</b>	11c. Registration/Document Number <b>P93000074520</b>
100002047431--7 -01/07/97--01036--001 ***1341.25 ***191.25			

**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

*J. Christian Leavitt*

**J. CHRISTIAN LEAVITT, V.P.  
RRC GENERAL SPC INC.**

DATE

**12-16-96**

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

**904-356-7000**

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CR2E003 (6/96)