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

SLIMITED PARTNERSHIP ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partnership

ALL STATES

SIGNATURE

DOCUMENT# A9300001248

FILED 97 DEC 15 PM 12: 06 SECRETARY OF STATE TALLAHASSEE, FLORIDA



12/12/97

(813) 866-8299

C/O J. BOB HUMPHRIES 801 EAST KENNEDY BLVD., SUITE 1700 TAMPA FL 33602 2. Mailing Address 3. Date of tast Report 03/25/1997 4. State or Country of Formation FL Suite, Apt. #, etc. 6. FEI Number 5. P3272167 7. Certificate of Status Dosired 8. Make chack payable to: Dept. of State (See reve 9. Name and Address of Current Registered Agent 1. Mamo 1. It changed, now Registered Agent/Office Namo Street Address (F.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City 1. Suite, Apt. #, etc. City 1. FL 1. Payaba FL 33802 City FL 1. Name (a) of General Partner(s) 1. Name (a) of General Partner(s) 1. Name(a) of General Partner(s) 1. Name(b) of General Partner(s) 1. Name(a) of General Partner(s) 1. Name(b) of General Partner(s)	Applied For Not Applicable \$8.75 Additional Fee Required
C/O J. BOB HUMPHRIES BOT EAST KENNEDY BLVD., SUITE 1700 TAMPA FL 33602 2. Mailing Address 2a. Principal Office Address 2a. Principal Office Address FL Suite, Apt. #, etc. City & State City & State City & State City & State D. Name and Address of Current Registered Agent AFE A. HUMPHRIES, J. BOB ESO. C/O FOWLER, WHITE, GILLEN, ET AL 501 EAST KENNEDY BLVD., SUITE 1700 TAMPA FL 33802 City City & State Street Address (P.O. Box Number is Not Acceptable) City & State of Forda. Suite, Apt. #, etc. City TAMPA FL 33802 City FL Suite, Apt. #, etc. Suite, Apt. #, etc. City TAMPA FL 33802 City FL Suite, Apt. #, etc. Suite, Apt. #,	nt of Capital outlons in FLORIDA 1,750.00 Applied For Not Applicable \$8.75 Additional Fee Required
\$2,5 Salte of Last Report 03/25/1997 5b. Amount of date 52,51 5b. Amount of date 52,51 5b. Amount of date 5c. Suite, Apt. #, etc. 6, FEI Number 59-3272167 7. Certificate of Status Desired 50, 51 5b. Amount of date 50, 51 5b. Amount of date 50, 51 5b. Amount of date 5c. Suite, Apt. #, etc. 6, FEI Number 59-3272167 7. Certificate of Status Desired 50, 3272167 7. Certificate of Status Desired 5b. Make check payable to: Dept. of State (See reverse HUMPHRIES, J. BOB ESO. C/O FOWLER, WHITE, GILLEN, ET AL 501 EAST KENNEDY BLVD., SUITE 1700 Suite, Apt. #, etc. City 5c. S	Applied For Not Applicable \$8.75 Additional Fee Required
28. Principal Office Address 28. Principal Office Address Sulte, Apt. #, etc. Sulte, Apt. #, etc. City & State City & State Zip Country Zip Country Zip Country Todate 8. Make check payable to: Dept. of State (See reverse Agent) Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City & State City & State Todate Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) City TAMPA FL 33802 City TAMPA FL 33802 City TAMPA FL 33802 City FL AGENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSIN MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. 11. Name(s) of General Partner(s) 11b. City, State & Zip Code 11c.	Applied For Not Applicable \$8.75 Additional
28. Principal Office Address 28. Principal Office Address 4. State or Country of Formation FL Suite, Apt. #, etc. City & State To Country	Applied For Not Applicable \$8.75 Additional
Suite, Apt. #, etc. City & State Country Zip Country Zip Country Zip Country Zip Country To Certificate of Status Dosired 8. Make check payable to: Dept. of State (Seo reve 9. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL 30a; : 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. Such change was authorized by its general partner(s). I hereby accept the accept. I am familiar with, and accept the obligations of section 620.192, Florida Statutes. A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSIN MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. 11. Name(e) of General Partner(s) 11a. Name(e) of General Partner(s) 11b. City, State & Zip Code 11c.	Applied For Not Applicable \$8.75 Additional Fee Required
Suite, Apt. #, etc. City & State Country Replaced Agent Country 8. Make check payable to: Dept. of State (See reverse Agent) Country Name Name Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City City City City City City City City City FL Country AGENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSIN MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. 11a. Name(s) of General Partner(s) 11b. City. State & Zip Code 11c.	Not Applicable \$8.75 Additional Fee Required
City & State Country Country Country To Country Country 8. Make check payable to: Dept. of State (See reverse Agent	Not Applicable \$8.75 Additional Fee Required
P. Name and Address of Current Registered Agent 10. If changed, now Registered Agent/Office Name Name Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL 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. Such change was authorized by its general partner(s). I hereby accept the agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes. A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSIN MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. 11a. (Do NOT Use Post Office Box Numbers) 11b. City. State & Zip Code 11c.	Fee Required
9. Name and Address of Current Registered Agent 10. If changed, now Registered Agent/Office Name Name Name Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL 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. Such change was authorized by its general partner(s). I hereby accept the eight. I am familiar with, and accept the obligations of section 620.192, Florida Statutes. SIGNATURE (Registered Agent Accepting Appointment). DATE A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSIN MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. 11a. **QAddress of Each General Partner** 11b. **City, State & Zip Code** 11c.	
HUMPHRIES, J. BOB ESQ. C/O FOWLER, WHITE, GILLEN, ET AL 501 EAST KENNEDY BLVD., SUITE 1700 TAMPA FL 33802 City FL 108: 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. Such change was authorized by its general partner(s). I hereby accept the agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes. SIGNATURE (Registered Agent Accepting Appointment). DATE A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSIN MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. 11. Name(s) of General Partner(s) 11a. (Do NOT Use Post Office Box Numbers) 11b. City. State & Zip Code 11c.	
Name HUMPHRIES, J. BOB ESQ. C/O FOWLER, WHITE, GILLEN, ET AL 501 EAST KENNEDY BLVD., SUITE 1700 TAMPA FL 33802 City FL 102: 'Purbuant 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. Such change was authorized by its general partner(s). I hereby accept the above-named limited partnership organized or registered under the laws of the State of Florida. Such change was authorized by its general partner(s). I hereby accept the above-named limited partnership organized or registered under the laws of the State of Florida. Such change was authorized by its general partner(s). I hereby accept the above-named limited partnership organized or registered under the laws of the State of Florida. Such change was authorized by its general partner(s). I hereby accept the above-named limited partnership organized or registered under the laws of the State of Florida. Such change was authorized by its general partner(s). I hereby accept the above-named limited partnership organized or registered under the laws of the State of Florida. Such change was authorized by its general partner(s). I hereby accept the above-named limited partnership organized or registered under the laws of the State of Florida. Such change was authorized by its general partner(s). I hereby accept the above-named limited partnership organized or registered under the laws of the State of Florida. Such change was authorized by its general partner by its gene	
HUMPHRIES, J. BOB ESQ. C/O FOWLER, WHITE, GILLEN, ET AL 501 EAST KENNEDY BLVD., SUITE 1700 TAMPA FL 33802 City FL 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. Such change was authorized by its general partner(s). I hereby accept the adjoint. I am familiar with, and accept the obligations of section 620.192, Florida Statutes. A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSIN MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. 11. Name(s) of General Partner(s) 11a. (Do NOT Use Post Office Box Numbers) 11b. City, State & Zip Code 11c.	
C/O FOWLER, WHITE, GILLEN, ET AL 501 EAST KENNEDY BLVD., SUITE 1700 TAMPA FL 33602 City FL 104: SPursuant 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. Such change was authorized by its general partner(s). Thereby accept the adject. I am familiar with, and accept the obligations of section 620.192, Florida Statutes. CIGNATURE (Registered Agent Accepting Appointment). DATE A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSIN MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. 1. Name(s) of General Partner(s) 11a. (Do NOT Use Post Office Box Numbers) 11b. City, State & Zip Code 11c.	
TAMPA FL 33802 10a: 19 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 Statutes. 10a: 19 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 Statutes. 11a GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSIN MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. 11a. Address of Each General Partner (s) 11a. (Do NOT Use Post Office Box Numbers) 11b. City, State & Zip Code 11c.	
FL 10a: Purbuent 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. Such change was authorized by its general partner(s). I hereby accept the agent. I am familiar with, and accept the obligations of section 620.192. Florida Statutes. Comparison of General Partner(s)	
10g; 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. Such change was authorized by its general partner(s). I hereby accept the adjust a separation of 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 adjust. I am familiar with, and accept the obligations of section 620.192, Florida Statutes. DATE A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSIN MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. 11. Name(e) of General Partner(s) 11a. (Do NOT Use Post Office Box Numbers) 11b. 'City, State & Zip Code 11c.	Zip Code
11. Neme(s) of General Patrolo(s) 118. (Do NO1 Use Post Office Box Numbers) 11D. City, State & Zip Code 11C.	IESS ENTIT
IAPPA BOAD (PLODIDA) MANAOPIA	Registration/ Document Number
JAFFA ROAD (FLORIDA) MANAGEM 2004X MARIONKSTREEX 100 E. Madison Street, #100	122
Associated 200023781 48/93/43.5000 -12/19/97-010	192004
C/O (COMPER COMPER) ****\$41.25 *	***541,25
\$15 CASC MAIN TO DO A	
Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a ge	
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 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 this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. If the certify that I am a General Partner of the limited parties ampowered to execute this report as required by chapter 670, Florida Statutes. JAFFA ROAD (FLORIDA) WANAGEMENT INC., general partner	neral partner

By: Hugh A MacArthur, Assistant Secretary Daytime Telephone Number