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

1. Name of Limited Partnership

DOCUMENT #

A94000000127

FILED 97 APR -9 PH 12: 50 SECRETARY OF STATE TALLAHASSEE, FLORIDA



SIGNATURE SIGNER GLADE ROAD JACKSONVILLE FL 32258 SIGNER GLADE ROAD JACKSONVILLE FL 32258 SIGNER ACT 1, acts of Country of Formation FL Suite, Apt. 4, etc. City & State City & St	HE VIRGINIA H. EVANS F	AMILY LIMITED PARTNE	RSHIP ON AM	1 1001211 1910 1911 1911 9911 1	911) 9611: 9821 8611 88181 IPOID JIGIT ISB1 1981	
2. Mailing Address 28. Principal Office Address 28. Principal Office Address 4. State or Country of Formetion R. State or Country 3 1 4 State or Country 4. State or Country 5 FE Namical 5 State or Country 4. State or Country 5 FE Namical 5 State or Country 7. Certificate of Status bearing 7. Certificate of Status bearing 7. Certificate of Status bearing 8. Mate circle payable to: Dept of State (See reverse acts for Not Applicate Fee Require) 8. Mate circle payable to: Dept of State (See reverse acts for Not Applicate Fee Require) 8. Mate circle payable to: Dept of State (See reverse acts for Not Applicate State (See reverse acts for No		8163 GREEN GLADE ROAD		01/28/1994		
Suite, Apt. #, etc. City & State City & State Country					5b. Amount of Capital Contributions in FLORIDA to date:	
City & State City & Country City & State City & State City & Country City & State City & Country City & Country City & State City & Country City & Country City & State City & Country City &	2. Mailing Address	28. Principal Office Address	28. Principal Office Address		31,648,498	
To Country 2p Country 2p Country 2p Country 8, Make check payable to: Dept. of State (See reverse atts for fee information) 9, Name and Address of Current Registered Agent 10, If changed, new Registered Agent/Office	Suite, Apt. #, etc.				Applied For	
8, Marke check poyable to: Dept. of State (See reverse also for tee Information) 9, Name and Address of Current Registered Agent 10, If changed, new Registered Agent/Office EVANS, LEE M 8183 GREEN GLADE ROAD JACKSONVILLE FL 32256 Suite. Apt. 4, etc. City FL Zo Code The Pursuant to the provisions of sections 500 1051 and 520 192. Floridis, Statutes, the above named limited partnership organized or registered under the laws of the State of Floride. Auchinitis this statement of the provisions of sections 500 1051 and 520 192. Floridis Statutes, the above named limited partnership organized or registered under the laws of the State of Floride. Such change was authorized by its general partner(e). I hereby accept the appointment of registered agent. I marker with, and accept the obligations of section 520 192. Floridis Statutes. AGGINATURE (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) 11. Name(s) of General Partner(City & State	City & State	City & State			
EVANS, LEE M 8163 GREEN GLADE ROAD JACKSONVILLE FL 32256 Sulle, Apt. *, etc. City FL Zip Code 10a. Pursuant to the provisions of accitors 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 assistment for the purpose of changing its registered signet, or both, in the State of Floridas. Such change was authorized by its general partner(s). I hereby accept the exporiment of registered segent. I am fram/with and accept the obligations of section 520-192, Florida Statutes. BIGNATURE (Registered Agent Accepting Ageorithment) DATE 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) 12. On NoT	Zip Country	Zip	Zip Country		Fee Required Nake check payable to: Dept. of State (See reverse side for fee Information)	
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Street Address (P.O. Box Number is Not Acceptable) Sulfe, Agit. 4, etc. City FL Zip Code 10a, Pursuant to the provisions of accitons 620 1051 and 620 192, Florida Statutes, the above-named limited pertnership organized or registered under the laws of the State of Florida, submits this assement for the purpose of changing its registered clinic or registered agent. I am Transfer with, and accept the obligations of section 520 192, Florida Statutes. 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, Name(s) of General Partner(s) 11a, Name(s) of General Partner(s) 11b, Cey, State & Zip Code 11c, Popularation Partner(s) EVANS, VIRGINIA H 435 CHESTNUT STREET MEADVILLE (CRAWFORD C) A ***********************************						
Top. Cay FL Zip Code FL Z	8163 GREEN GLADE ROAD		Streel Address (P.O. Box Number is Not Acceptable)			
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 agent, or both, in the State of Florida. Such change was authorized by its general partner(s). Thereby accept the appointment of registered agent. I am tamitar with, and accept the obligations of Section 520.192. Florida Statutes. SIGNATURE (Registered Agent Accepting Appointment) OATE	JACKSUNVILLE FL 32258		Suite, Apt. #, etc.			
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 and transfar with, and accept the obligations of tection 620.192, Florida Statutes. DATE 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. Address of Each General Partner MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. 11a. Address of Each General Partner MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. 11b. City, State & Zip Code 11c. Pegistration/ DOWN THE PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. 11b. City, State & Zip Code 11c. Pegistration/ DOWN THE PARTNER PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. 11c. Pegistration/ DOWN THE PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. 11b. City, State & Zip Code 11c. Pegistration/ DOWN THIS OFFICE. 11b. City, State & Zip Code 11c. Down This Office Sox Numbers MEADVILLE (CRAWFORD O') ***********************************	•		City		Zip Code	
EVANS, VIRGINIA H EVANS, LEE M 8163 GREEN GLADE ROAD ACKSONVILLE FL 32256 20002144112-003 **********************************	A GENERAL PARTNER TH	HAT IS A CORPORATION,	LIMITED PAR	TNERSHIP OR OTHE		
EVANS, LEE M 8163 GREEN GLADE ROAD JACKSONVILLE FL 32256 200021441124 -04/15/37-01102-003 ******541.25 Note: General partners MAY NOT be changed on this form; an amendment must be filled to change a general partner. 12. I do hereby certify that the information supplied with this filling 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 the annual report is five 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 papter 620, Florida Statutes. DATE April 7,977	11. Name(s) of General Partner(s)	11a. Address of Each Gener	ral Partner Box Numbers) 115	City, State & Zip Code		
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Typed or Printed Name of General Partner Signing Form LCC LT LOGN Daytime Telephone Number	SIGNATURE				(UAL) W /LCC	