

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

LIMITED PARTNERSHIP
ANNUAL REPORT
1997



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

FLORIDA
SECRETARY OF STATE
DIVISION OF CORPORATIONS

96 DEC 18 AM 11:08



1. Name of Limited Partnership JACKSONVILLE SUNSHINE, LTD.	1a. DOCUMENT # A94000000226
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Mailing Address C/O BAITA INTERNATIONAL, INC. 1777 NORTHEAST EXPRESSWAY, STE. 225 ATLANTA GA 30329	Principal Office Address C/O BAITA INTERNATIONAL, INC. 1777 NORTHEAST EXPRESSWAY, STE. 225 ATLANTA GA 30329	3. Date Formed or Registered 02/24/1994	5a. Capital Contributions as Shown on record \$1,750,000.00
2. Mailing Address	2a. Principal Office Address	3a. 11/28/1995 (ort)	5b. Amount of Capital Contributions in FLORIDA to date \$1,750,000.00
Suite, Apt. #, etc. Suite # 145	Suite, Apt. #, etc.	4. State or Country of Formation FL	6. 55-3229840 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
City & State	City & State	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)
Zip	Country		

9. Name and Address of Current Registered Agent BAITA INTERNATIONAL, INC. 8130 BAYMEADOWS WAY WEST, SUITE 302 JACKSONVILLE FL 32256	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code
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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.

SIGNATURE (Registered Agent Accepting Appointment)

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) BAITA INTERNATIONAL, INC.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 1777 NORTHEAST EXPRES	11b. City, State & Zip Code ATLANTA GA 30329	11c. Registration/Document Number F94000000215
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000002033800-12/27/95-01105-002
****576.25 ****576.25

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

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

0000443

CR2E003 (6/96)