

**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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 MAR 31 PM 3:45

1. Name of Limited Partnership PAMLICO TERRACE LTD.	1a. DOCUMENT # A94000000247
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Mailing Address C/O CASE POMEROY PROPERTIES 10407 CENTURION PARKWAY, N. SUITE 108 JACKSONVILLE FL 32256		Principal Office Address C/O CASE POMEROY PROPERTIES 10407 CENTURION PARKWAY, N. SUITE 108 JACKSONVILLE FL 32256		3. Date Formed or Registered 02/28/1994	5a. Capital Contributions as Shown on record. \$3,500,000.00
				3a. Date of Last Report 01/03/1996	5b. Amount of Capital Contributions in FLORIDA to date: \$3,500,000.00
2. Mailing Address Suite, Apt. #, etc. City & State Zip Country		2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country		4. State or Country of Formation FL	
				6. FEI Number 65-0470427	<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)					

9. Name and Address of Current Registered Agent THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET, SUITE 105 TALLAHASSEE FL 32301	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City
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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) SOUTH PASS CORPORATION	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 10407 CENTURION PARKW	11b. City, State & Zip Code JACKSONVILLE FL	11c. Registration/Document Number F94000000504 <i>al</i> <i>441</i>
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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 *Douglas W. McNeill* DATE 3/21/97
 South Pass Corporation, General Partner, by Douglas W. McNeill, President
 Typed or Printed Name of General Partner Signing Form Daytime Telephone Number (904) 646-4022

CR2E003 (11/96)