

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

**LIMITED PARTNERSHIP  
ANNUAL REPORT  
1998**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

97 DEC -9 AM 10:57



1. Name of Limited Partnership  
**1a. DOCUMENT #  
A94000000293**

**SOUTHERN GROVE I, LTD.**

Mailing Address <b>C/O C. ATKERSON, INC. 9471 BAYMEADOWS ROAD, SUITE 403 JACKSONVILLE FL 32256</b>		Principal Office Address <b>C/O C. ATKERSON, INC. 9471 BAYMEADOWS ROAD, SUITE 403 JACKSONVILLE FL 32256</b>		3. Date Formed or Registered <b>03/08/1994</b>	5a. Capital Contributions as Shown on record. <b>\$200,000.00</b>
2. Mailing Address Suite, Apt. #, etc.		2a. Principal Office Address Suite, Apt. #, etc.		3a. Date of Last Report <b>01/16/1997</b>	5b. Amount of Capital Contributions in FLORIDA to date: <b>Ø</b>
City & State		City & State		4. State or Country of Formation <b>FL</b>	
Zip		Zip		6. FEI Number <b>59-3255514</b>	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
Country		Country		7. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
8. Make check payable to: Dept. of State (See reverse side for fee information)					

9. Name and Address of Current Registered Agent <b>ATKERSON, CHARLES F JR. C/O C. ATKERSON, INC. 9471 BAYMEADOWS ROAD, SUITE 403 JACKSONVILLE FL 32256</b>		10. If changed, new Registered Agent/Office Name <b>600002370826-0</b> -12/12/97-01074-013 Street Address (P.O. Box Number is Not Acceptable) <b>***156.25 ***156.25</b> Suite, Apt. #, etc. City <b>FL</b> 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)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/Document Number
<b>C. ATKERSON, INC.</b>	<b>9471 BAYMEADOWS ROAD,</b>	<b>JACKSONVILLE FL 32256</b>	<b>H97238</b>
<b>SEMANIK DEVELOPMENT CORPORAT</b>	<b>2120 CORPORATE SQUARE</b>	<b>JACKSONVILLE FL 32216</b>	<b>J79426</b>
<b>SILVERFIELD DEVELOPMENT COMP</b>	<b>7885 SOUTHSIDE BLVD.</b>	<b>JACKSONVILLE FL 32256</b>	<b>S04135</b>

**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, required by chapter 620, Florida Statutes.

SIGNATURE

DATE **12/2/97**

Typed or Printed Name of General Partner Signing Form **Charles F. Attkerson, Jr.**

Daytime Telephone Number **904-739-2202**

CR2E003 (6/97)