

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

P 339 387 293

LIMITED PARTNERSHIP
ANNUAL REPORT
1997



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 NOV 18 PM 4:09



1. Name of Limited Partnership		1a. DOCUMENT # A94000000298	
CENTURION PARKWAY PARTNERS, LTD.			
2. Mailing Address		2a. Principal Office Address	
P.O. BOX 4069 JACKSONVILLE FL 32201		1600 INDEPENDENT SQ JACKSONVILLE FL 32202	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip Country		Zip Country	
		3. Date Formed or Registered 03/08/1994	
		3a. 12/22/1995 Port	
		4. State or Country of Formation FL	
		5a. Capital Contributions as Shown on record \$1,000.00 \$200,000.00	
		5b. Amount of Capital Contributions in FLORIDA to date: 200,000	
		6. 59-0232489 <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		10. If changed, new Registered Agent/Office	
WILLIAMS, L D 1600 INDEPENDENT SQ JACKSONVILLE FL 32202		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code	
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) WINTER PARK PLAZA CORPORATION	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 1600 INDEPENDENT SQ	11b. City, State & Zip Code JACKSONVILLE FL 32202	11c. Registration/ Document Number V69613
3000002010193--4 -11/20/96--01090--015 ****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 *L D Williams, Vice President*

DATE *Oct 23, 1996*

Typed or Printed Name of General Partner Signing Form

L D Williams

Daytime Telephone Number

904/634-8808

CR2E003 (6/96)