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
98 JAN -2 AM 9:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Name of Limited Partnership
1994 CLT PARTNERSHIP, LTD.

1a. DOCUMENT # **A94000000837**

Mailing Address	Principal Office Address
~~6001 BOWDENDALE AVENUE~~ ~~JACKSONVILLE FL 32245~~	6001 BOWDENDALE AVENUE ~~JACKSONVILLE FL 32245~~

3. Date Formed or Registered: 06/23/1994
3a. Date of Last Report: 03/06/1997
4. State or Country of Formation: FL
5a. Capital Contributions as Shown on record: $6,000,000.00
5b. Amount of Capital Contributions in FLORIDA to date:

2. Mailing Address	2a. Principal Office Address
P. O. Box 17999	6001 Bowdendale Ave.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Jacksonville, Florida	City & State: Jacksonville, Florida
Zip: 32245 Country: USA	Zip: 32216 Country: USA

6. FEI Number: NOT APPLICABLE ☐ Applied For ☐ Not Applicable
7. Certificate of Status Desired ☐ $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
PAPPAS, M. LYNN 200 W. FORSYTH ST., SUITE 1400 JACKSONVILLE FL 32202	Name: 000000240558O-- 8 Street Address (P.O. Box Number Is Not Acceptable): -01/20/98--01155--008 ****541.25 ****541.25 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)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/ Document Number
PAUL, ROBERT H III	6001 BOWDENDALE AVENU	JACKSONVILLE FL 32245	

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: Robert H Paul III DATE: Dec. 29, 1997

Typed or Printed Name of General Partner Signing Form: Robert H. Paul, III Daytime Telephone Number: (904) 739-1000

CR2E003 (6/97)