

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

FILED

95 OCT -3 PM 3:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Name of Limited Partnership ORTEGA RIVER BOAT YARD LTD.		1a. DOCUMENT # A94000001188 97-AR CM	
2. Mailing Address ONE ENTERPRISE CENTER 225 WATER STREET, SUITE 1235 JACKSONVILLE FL 32202		2a. Principal Office Address ONE ENTERPRISE CENTER 225 WATER STREET, SUITE 1235 JACKSONVILLE FL 32202	
3. Date Formed or Registered 08/31/1994		5a. Capital Contributions as Shown on record \$6,000,000.00	
3a. 10/23/1995		5b. Amount of Capital Contributions in FLORIDA to date 576.25	
4. State or Country of Formation FL		6. 59-3264945 <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 PURCELL, THOMAS K ONE ENTERPRISE CENTER 225 WATER STREET, SUITE 1235 JACKSONVILLE FL 32202		10. If changed, new Registered Agent/Office 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) MCGIRTS CREEK INVESTMENTS, I	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 225 WATER STREET, SUI	11b. City, State & Zip Code JACKSONVILLE FL 32202	11c. Registration/Document Number P94000017207
7000001570551 -10/10/95--01057--007 ***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 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

Thomas K. Purcell

DATE 9/30/96
904/355-0355

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

0000496

CR2E003 (6/96)