

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 APR 10 PM 3:45



1. Name of Limited Partnership  
**ST. JOHNS BLUFF ASSOCIATES LIMITED PARTNERSHIP**

1a. DOCUMENT #  
**A94000001797**

Mailing Address  
~~11220 L ST. JOHNS INDUSTRIAL PARKWAY JACKSONVILLE FL 32246-6673~~  
ST. JOHNS BLUFF PARK

Principal Office Address  
~~11220 L ST. JOHNS INDUSTRIAL PARKWAY JACKSONVILLE FL 32246-6673~~  
ST. JOHNS BLUFF PARK

3. Date Formed or Registered  
**12/22/1994**

3a. Date of Last Report  
**01/23/1996**

4. State or Country of Formation  
**FL**

5a. Capital Contributions as Shown on record.  
**\$3,000,000.00**

5b. Amount of Capital Contributions in FLORIDA to date:  
**3,000,000**

6. FEI Number  
**59-3284048**  
 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)

2. Mailing Address  
**303 Goddard Avenue**

2a. Principal Office Address  
**303 Goddard Avenue**

Suite, Apt. #, etc.

City & State  
**BROOKLINE MA**

Zip Country  
**02146 USA**

9. Name and Address of Current Registered Agent  
**MICKLER, ROBERT O  
C/O MARTIN, ADE BIRCHFIELD & MICKLER  
3000 INDEPENDENT SQ., ONE INDEPENDENT DR  
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)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/Document Number
<b>TACKEFF, BERTRAM C</b>	<del>19 JUNIPER LANE</del> <b>303 Goddard Avenue</b>	<del>ORGUNQUIT ME 03907</del> <b>BROOKLINE, MA. 02146</b>	<b>OR</b> <b>4-14</b> <b>700002144947--8</b> <b>-04/16/97--01061--003</b> <b>****541-25 ****541-25</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 as required by chapter 620, Florida Statutes.

SIGNATURE Bertram C Tackeff DATE 4-3-97

Typed or Printed Name of General Partner Signing Form BERTRAM C. TACKEFF, GENERAL PARTNER Daytime Telephone Number (617) 566-0098

CR2E003 (11/96)