

**FILE ON OR BEFORE APRIL 8, 1998 TO AVOID
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

98 APR -8 PM 4:13

1. Name of Limited Partnership

1a. DOCUMENT #
A94000001797

ST. JOHNS BLUFF ASSOCIATES LIMITED PARTNERSHIP



Mailing Address

Principal Office Address

303 GODDARD AVENUE
BROOKLINE MA 02146

303 GODDARD AVENUE
BROOKLINE MA 02146

3. Date Formed or Registered

12/22/1994

5a. Capital Contributions as Shown on record.

\$3,000,000.00

3a. Date of Last Report

04/10/1997

5b. Amount of Capital Contributions in FLORIDA to date:

- 0 -

2. Mailing Address

2a. Principal Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. State or Country of Formation

FL

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)

\$26.25

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

JACKEFF, BERTRAM C

303 GODDARD AVENUE

BROOKLINE MA 02146

300002485509--1
-04/10/98-0110-014
****526.25 ****526.25

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

Bertram C. Jackeff

DATE

April 7, 1998

CR2E003 (12/97)