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

LIMITED PARTNERSHIP ANNUAL REPORT 1997

MALILE COLLING PARTNERS LET



FLORIDA DEPARTMENT OF STATE

Sandra Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partnership

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

97 JAN 30 PM 3: 49



ng Address The Vault Group, Inc. 01 Riverplace BLVD., Suite 2552	Principal Office Address % THE VAULT GROUP, INC. 1301 RIVERPLACE BLVD., SL	JITE 2552	3. Date Formed o 01/12/199		5a. Capit Show	al Contributions as on on record. \$7,500.00	
CKSONVILLE FL 32207	JACKSONVILLE FL 32207		3a.(2)28)199	3a. (2)28) 1995°°1			
			4. State or Country	of Formation	5D. Amo Cont to da	unt of Capital ributions in FLORIDA te:	
Mailing Address	28. Principal Office Address	S .	FL	, 011 DITTER			
e, Apt. #, etc.	Suite, Apt. #, etc.	***************************************	6. 15943289 2	91	<u> </u>	Applied For	
& State	City & State		7. Certificate of St.			Not Applicable	
Country	Zip	Country			u	\$8.75 Additional fee Required	
			8. Make check pa	yable to: Dept. of	State (See rev	rerse side for fee inform	
9. Name and Address of Currer	nt Registered Agent		10. If change	d. new Registere	d Agent/Office		
ALLEN, LAURA HENRY 200 LAURA ST., THIRD FLOOR JACKSONVILLE FL 32202		Name			······································		
		Street Address (P.O. Box Number is Not Acceptable)					
DAUROUNAILLE LE 25505		Suite, Apt. #, etc.					
Pursuant to the provisions of sections 620 1051 at for the purpose of changing its registered office o agent. I am familiar with, and accept the obligation	r registered agent, or both, in the State o ns of section 620.192, Florida Statutes.	City named limited partners of Florida. Such change	ship organized or registered ur e was authorized by its genera	I partner(s). I her	eby accept the	Zip Code ida, submits this stater appointment of regist	
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