

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
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 NOV 10 AM 11:52



1. Name of Limited Partnership LBCO PROPERTIES, LTD.	1a. DOCUMENT # A95000001030
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Mailing Address P.O. BOX 3622 MILTON FL 32572-3622	Principal Office Address P.O. BOX 3622 MILTON FL 32572-3622
2. Mailing Address Suite, Apt. #, etc. City & State Zip Country	2a. Principal Office Address 5603 CHUMUCKLA HWY Suite, Apt. #, etc. City & State PACE FL Zip Country 32571 USA

3. Date Formed or Registered 07/10/1995	5a. Capital Contributions as Shown on record. \$9,695,857.00
3a. Date of Last Report 10/31/1996	5b. Amount of Capital Contributions in FLORIDA to date. 4,675,043
4. State or Country of Formation FL	6. FEI Number 59-3329057
7. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
8. Make check payable to: Dept. of State (See reverse side for fee information)	

9. Name and Address of Current Registered Agent MARCUS, HAROLD E JR. 7640 RIVER ROAD MILTON FL 32583	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code
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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) LBCO PROPERTIES, INC.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 1331 CHUMUCKLA HIGHWAY 5603 CHUMUCKLA HIGHWAY	11b. City, State & Zip Code PACE FL 32571	11c. Registration/Document Number P95000052914
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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 _____

DATE _____

Typed or Printed Name of General Partner Signing Form: HAROLD E. MARCUS, JR. PRESIDENT Daytime Telephone Number 850-994-8615

CR2E003 (6/97)