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 SECRETARY OF STATE DIVISION OF CORPORATIONS

			97 050 10 00 1.15			
1. Name of Limited Partnership 1a. DOCUMENT # A9500001135			97 DEC 12 PM 1: 47			
CRE, LTD.					13181 11881 1188 1188 1188 1188 1188 11	
Mailing Address	Principal Office Address		3, Date Formed or Registered	5a. Capital Contributions as Shown on record.		
9740 BEACH BLVD., SUITE 900 JACKSONVILLE FL 92207	3740 BEACH BLVD., SUITE 300 JACKSONVILLE FL 32207		07/24/1995 3a. Date of Last Report	\$1,200,000.00		
AND ALIPPE I P APPAY	AVAILABLE LE OSEO!		01/02/1997	5b. Amount of Capital Contributions in FLORIDA		
2. Mailing Address	2a. Principal Office Address		4. State or Country of Formation	lo dale:		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		6. FEI Number	Applied For		
City & State	Cily & State		59-3337942 7. Certificate of Status Desired		Not Applicable \$8.75 Additional	
Zip Country	Zip	ip Country		Fee Required Nake check payable to: Dept. of State (See reverse side for fee information)		
9. Name and Address of	Current Registered Agent		10. II changed, new Registere	d Agent/Office		
DEMETREE, J C JR. 3740 BEACH BLVD., SUITE 300 JACKSONVILLE FL 32207		Name Street Address (P.O. Box Number Is Not Acceptable)				
		Su to, Apt. #, etc				
		City	FL 7ip Code		7ip Code	
for the purpose of changing its registered agent. I am familiar with, and accopt the o	.1051 and 620.192, Florida Statutos, the above-nam office or registered agent, or both, in the State of Flo obligations of section 620 192, Florida Statutos.		authorized by its general partner(s). I here	ne State of Flori		
A GENERAL PARTNER T	HAT IS A CORPORATION, MUST BE REGISTERED AN	LIMITED PAR	TNERSHIP OR OTHE		NESS ENTITY	
Name(s) of General Partner(s)	11a. (Do NOT Use Post Office B	al Dartuer		11c.	Registration/ Document Number	
DCRE, INC.	3740 BEACH BLVD., SUI	JA	JACKSONVILLE FL 32207		P95000056972	
a.			000002 -12/17 *****	is n	3502: 1009-014 ****550.00	
Note General partners MAY	NOT be changed on this form	n; an amendm	ent must be filed to cha	ange a de	eneral partner.	
	ied with this films is voluntarily furnished and does n					

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. Frelease the Division of Corporations from any liability of non-compliance willt Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. Hurther certify that the information indicated on this annual report is true and accurate and that my signature shall have true arms 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 charter 620 Florida Statutes.

I or Printed Name of General Partner Signing Form.

Daylime Telephone Number.

SIGNATURE .

Typed or Printed Name of General Partner Signing Form

DATE 12/11/97
Dayline Telephone Number 904-358-730 'O