FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1. Name of Limited Partnership

1a. DOCUMENT # A9500001135

FILED

98 OCT 20 PM 2: 00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DCRE, LTD.				
Mailing Address	Principal Office Address		3. Date Formed or Registered	5a. Capital Contributions as Shown on record.
3740 BEACH BLVD SUITE 300 JACKSONVILLE FL 32207	3740 BEACH BLVD SUITE 300 JACKSONVILLE FL 32207		07/24/1995 3a. Date of Last Report	\$1,200,000.00
			12/12/1997 4. State or Country of Formation	5b. Amount of Capital Contributions in FLORIDA to date:
2. Mailing Address	2a. Principal Office Address		FL	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		6. FEI Number 59-3337942	Applied For
City & State	City & State		7. Certificate of Status Desired	\$8.75 Additional
Zip Country	Zip C	Country	8. Make check payable to: Dept. of S	Fee Required tate (See reverse side for fee information)
9. Name and Address of Current Registered Agent		10. If changed, new Registered Agent/Office		
DEMETREE, J C JR.		Name Sireet Address (P.O. Box Number is Not Acceptable)		
3740 BEACH BLVD., SUITE 300 JACKSONVILLE FL 32207		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)	Address of Each General (Do NOT Use Post Office Box	Partner Numbers) 111	Cîty, State & Zip Code	11c. Registration/ Document Number
DCRE, INC.	3740 BEACH BLVD., SUI		JACKSONVILLE FL 32207	P95000056972
			-10/28/	3 75012- 3 98-01089-021 95.00 ****535.00

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12... to 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

J. C. DÉMETREE, JR PRESIDENT

empowered to execute this report as required by chapter 620, Florida Statutes

SIGNATURE.

Typed or Printed Name of General Partner Signing Form

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

CR2E003 (8/98)

10-15-98

Daytime Telephone Number

(904) 398-7350