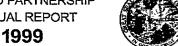
FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partnership

SIGNATURE

a. DOCUMENT # A95000001209

98 DEC 28 PM 3: 04

EBB1811 1818 3010	1888 111 M CHEM	SALL CHILL SOLET	

MEDJAX ASSOCIATES, LTD.							
Mailing Address	Principal Office Address	Principal Office Address		Date Formed or Registered Sa. Capital Contributions Shown on record.		tal Contributions as	
6100 KENNERLY ROAD JACKSONVILLE FL 32216	6100 KENNERLY ROAD JACKSONVILLE FL 32216			08/11/1995 3a. Date of Last Report		\$98.00	
DACAGONAREE PE OZZIO	SACKSCHVILLE I'L SZETO			11/20/1997	5b. Amo	unt of Capital ributions in FLORIDA	
		****		4. State or Country of Formation	Cont to da	ributions in FLORIDA te:	
2. Mailing Address	2a. Principal Office Address	2a. Principal Office Address		FL			
Suite, Apt. #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		6. FEI Number		Applied For	
City & State	City & State	City & State		59-3330402		Not Applicable	
Zip Country	Zip	Zip Country		7. Certificate of Status Desired		\$8.75 Additional Fee Required	
Zip Country				8. Make check payable to: Dept. of State (See reverse side for fee information)			
9. Name and Address of Curre	nt Registered Agent			10. If changed, new Registered	Agent/Office		
J. Hallo alla Address of Golfall Hagistics Again.		Name					
AKEL, EDWARD C		Street Address (P.O. Box Number Is Not Acceptable)					
1 INDEPENDENT DRIVE, SUITE 2301 JACKSONVILLE FL 32202		Suite, Apt. #, etc.					
SACIOGIVILLE I E SEESE		City Zip Code					
10a. Pursuant to the provisions of sections 620,1051 a					<u> </u>		
for the purpose of changing its registered office or agent. I am familiar with, and accept the obligation SIGNATURE (Registered Agent Accepting Appointment)	registered agent, or both, in the State of Florins of section \$20.192, Florida Statutes.	ida. Such change	e was autho	nized by its general partner(s). I hereby	y accept the ap	opointment of registered	
	T BE REGISTERED AN Address of Each Genera				144-	Registration/	
11. Name(s) of General Partner(s)	11a. (Do NOT Use Post Office Bo	ox Numbers)	11b.	City, State & Zip Code	11c.	Document Number	
MEDJAX PROPERTIES, INC.	6100 KENNERLY ROAD	6100 KENNERLY ROAD JA		JACKSONVILLE FL 32216		5000057817	
BAHRI, GEORGES TENANTS	6100 KENNERLY ROAD	6100 KENNERLY ROAD		ACKSONVILLE FL 32216			
BAHRI, LORI TENANTS	6100 KENNERLY ROAD	JACK		KSONVILLE FL 32216		Ī	
BAHRI, FADY TENANTS	6100 KENNERLY ROAD	0 KENNERLY ROAD JAC		KSONVILLE FL 32216	zanz	1508	
BAHRI, MELIA TENANTS	6100 KENNERLY ROAD		JACKSONVILLE FL 3221			093005 ****141.25	
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 Corporations from any liability of non-compliance wit this annual report is true and sockate and that my empowered to execute this report as influired by the	this filing is voluntarily furnished and does not h Section 119.07(3)(k) in the event that the inf ignature shall have the same legal effects as i apter 620, Florida Statutes.	qualify for the entermation supplies from a de under oa	exemption st ed is deeme oth, I further	ated in Section 119.07(3)(k), Florida Si id exempt from public access. I further certify that I am a General Partner of t	atutes, I relead certify that the he limited part	se the Division of information indicated on nership, receiver or trustee	

Daytime Telephone Number