


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	
1. Name of Limited Partnership		1a. DOCUMENT # A95000001487		
LOVEJOY ROAD WAREHOUSE PROPERTY, LTD.				
Mailing Address 3335 CHANTARENE DRIVE PENSACOLA FL 32507		Principal Office Address 3335 CHANTARENE DRIVE PENSACOLA FL 32507		3. Date Formed or Registered 10/05/1995
2. Mailing Address		2a. Principal Office Address		3a. Date of Last Report 12/12/1996
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. State or Country of Formation FL
City & State		City & State		6. FCI Number 59-3339842
Zip		Country		5a. Capital Contributions as Shown on record. \$725,000.00
				5b. Amount of Capital Contributions in FL OF IDA to date.
				7. Certificate of Status Desired <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
				8. Make check payable to: Dept. of State (See reverse side for fee information)

576 25
FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 NOV 21 PM 2:13



9. Name and Address of Current Registered Agent		10. If changed, new Registered Agent/Office	
POLLAH, LEWIS B SR. 3335 CHANTARENE DRIVE PENSACOLA FL 32507		Name Street Address (P.O. Box Number is Not Acceptable) 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)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/ Document Number
LBP WAREHOUSE MANAGEMENT, IN	3335 CHANTARENE DRIVE	PENSACOLA FL 32507	P95000075958
8000002357509-6 -11/26/97-01013-025 ****576.25 ****576.25 dec			

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

Lewis B. Pollak SR
Lewis B. Pollak SR

DATE

11-17-97
850-457-1174

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

CP2E003 (6/97)