## FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1998



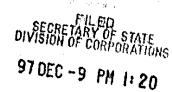
FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1. Name of Limited Partnership

1a. DOCUMENT # **A95000001629** 





			1		
			(X) 12/10		
Malling Address	Principal Office Address		3. Date Formbod or Registered	5a. Capital Contributions as Shown on record.	
2317 BLANDING BOULEVARDD. SUITE 3	2317 BLANDING BOULEVARDD. SUITE 3 JACKSONVILLE FL 32210		10/26/1995	\$500,000.00	
JACKSONVILLE FL 32210			3a. Date of Last Report		
			02/19/1997	5b. Amount of Capital Contributions in FLORIDA	
2. Mailing Address	28. Principal Office Address		4. State or Country of Formation	to date:	
			FL		
Sulte, Apt. #, etc.	Suite, Apt. #, etc.		6. FEI Number	Applied For	
City & State	City & State		59-3375280	Not Applicable	
Zi-	Zip Country		7. Certificate of Status Desired	\$8.75 Additional Fee Required	
Zip Country	7(p	Zip Country		8. Make check payable to: Dept. of State (See reverse side for fee information	
9 Name and Address of Cu	urrent Registered Agent	<del></del> 1	10. If changed, new Registe	red Agent/Office	
SELL, STEVEN W 2317 BLANDING BOULEVARD, SUITE 3		Namo Street Address (P.O. Box Number Is Not Acceptable)			
					JACKSONVILLE FL 32210
		City		FL Zip Code	
10a. Pursuant to the provisions of sections 620.105 for the purpose of changing its registered offin agent. I am familiar with, and accept the oblig	ce or registered agent, or both, in the State of	amed limited partners Florida. Such change	ship organized or registered under the laws o e was authorized by its general partner(s). I h	t the State of Florida, submits this statemen ereby accept the appointment of registered	
SIGNATURE (Registered Agent Accepting Appointmen	nt)	, , , , , , , , , , , , , , , , , , , ,	, DA1	E	
A GENERAL PARTNER TH	AT IS A CORPORATION UST BE REGISTERED A	, LIMITED I			
A GENERAL PARTNER TH	AT IS A CORPORATION UST BE REGISTERED A	, LIMITED I ND ACTIVE neral Partner a Box Numbers)	PARTNERSHIP OR OTH WITH THIS OFFICE.	ER BUSINESS ENTITY	
A GENERAL PARTNER TH MI 11. Name(s) of General Parlner(s)	AT IS A CORPORATION UST BE REGISTERED A  11a. Address of Each Gor (Do NOT Use Post Office	, LIMITED I ND ACTIVE neral Partner a Box Numbers)	PARTNERSHIP OR OTH E WITH THIS OFFICE. 11b. City, State & Zip Code JACKSONVILLE FL 32210	11c. Registration/ Document Number	

SIGNATURE DATE 2 1 97

Typed or Printed Name of General Parlner Signing Form Steven W. Sell Daytime Telephono Number (904) 384-8868

this annual report is true and accurate and that my signature shall have the same legal effects as if made under eath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as dequired by cyapter 620, Florida Statutes.