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

1999	DIVISION OF CO	ORPORATIONS	98 DEC 30 P	M 1:13	
1. Name of Limited Partnership	1a. DOCUM A96000000	ENT# 208	SECRETARY C TALLAHASSEE		
JCG DEVELOPMENT, LTD.					
Mailing Address	Principal Office Address	<u>-</u>	3. Date Formed or Registered	5a. Capital Contributions as Shown on record.	
P. O. BOX 941330 MAITLAND FL 32794-1330	1405_GREEN-COVE-ROAD- -WINTER-PARK-FL-32789		01/30/1996 3a. Date of Last Report 09/05/1997	\$60,000.00 5b. Amount of Capital Contributions in FLORIDA	
2	2	·	4. State or Country of Formation	Contributions in FLORIDA to date:	
2. Mailing Address	2a. Principal Office Address	s Way	FL		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		6. FEI Number 59-3389693	Applied For Not Applicable	
City & State	Casselberry -	. FC	7. Certificate of Status Desired	\$8.75 Additional	1
Zip Country	32707	Country	8. Make check payable to: Dept. of St	Fee Required ate (See reverse side for fee information)	,
9. Name and Address of Current Re	gistered Agent	<u> </u>	10. If changed, new Registered	Agent/Office	\dashv
FARMER, RICHARD A		Name			7
1405 GREEN COVE ROAD		Street Address (P.O.	Box Number Is Not Acceptable)	zaszno "E	
WINTER PARK FL 32789		Suite, Apt. #, etc. —01/20/99—01060—006			
		City	****5	10 .75 120 130 15	-
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 (Do NOT Use Post Office Box	Partner 11b.	City, State & Zlp Code	11c. Registration/	_
JCG DEVELOPMENT, INC.	-1405 GREEN COVE ROAE		INTER PARK FL 32789— Asselberry FC 32707	P9600009251	CR2E003 (8/98)
Note: General partners MAY NOT b	e changed on this form	; an amendm	ent must be filed to char	nge a general partner.	
12. Ido 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), Fiorida 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 cath. 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	<u></u>	₹₹ : **	DATE	28-93	
Typed or Printed Name of General Partner Signing Form	Richard Farm	ev	Daytime Telephone Number 40	7-767-0700	