FILE ON OR BEFORE APRIL 9, 1997 TO AVOID REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Sandra Mortham

Secretary of State
DIVISION OF CORPORATIONS

1. Name of Limited Partnership

a. DOCUMENT # **A9600000388**

SECRETARY OF STATE DIVISION OF CORPORATIONS

97 MAR 14 AM 11: 18



T4 REALTY, LTD.			L TOBLIETH HELD SENNO DINNI DONIN ORANI BERNI BONIN DONIN DONIN DANDO NADIO NADIO NON NADIO NADIO NADIO NADIO N		
Mailing Address Principal Office Address 36 TIFTON WAY, SOUTH PONTE VEDRA BEACH FL 32082 PONTE VEDRA BEACH FL 32082		DUTH	3. Date Formed or Registered 02/27/1996 38. Date of Last Report	5a. Capital Contributions as Shown on record.	
			1996 4. State or Country of Formation	5b. Amount of Capital Contributions in FLORIDA to date:	
2. Mailing Address	2a. Principal Office	2a. Principal Office Address		same	
Suite, Apt. #, etc.	Suite, Apt. #, etc. 36 Tiftor	u WAY , Sout	6. FEI Number 59-33588	43 Applied For Not Applicable	
City & State		Powte Vedra Beach, Flo.,		\$8.75 Additional Fee Required	
Zip Country	32082	St. John	8. Make check payable to: Dept. of	State (See reverse side for fee information)	
9. Name and Address of Current Registered Agent			10. If changed, new Register	10. If changed, new Registered Agent/Office	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		Street Add	William Hillegass Street Address (P.O. Box Number Is Not Acceptable) 427 North Third Street Suite, Apt. *, etc.		
I am familiar with, and accept the obligation SIGNATURE (Registered Agent Accepting Appoint A GENERAL PARTNER T	pe or registered agent, or both, in the Sins of section 620.192, Florida Statutes ment) WHAT IS A CORPORA	State of Florida. Such change of Hulby &	was authorized by its general partner(s). I hereby	accept the appointment of registered agent.	
11. Name(s) of General Partner(s)	S. delegan	of Each General Partner Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/	
4T REALTY COMPANY, L.L.C.		36 TIFTON WAY, SOUTH		L98000000221	
			900002 -03/14 *****1	114/1297 1/97-0/099-7003 158.25 ****156.25	
				3/14	
Note: General partnersMAY	NOT be changed on	this form; an am	endment must be filed to ch	nange a general partner.	
12. I do hereby certify that the information suppl Corporations from any liability of non-compli- annual report is true and accurate and that in empowered to execute this report as require	ied with this filing is voluntarily furnishe ance with Section 119.07(3)(k) in the e ny signature shall have the same legal d by chapter 620, Florida Statutes.	id and does not qualify for the went that the information supp effects as if made under oath	exemption stated in Section 119.07(3)(k), Florida olied is deemed exempt from public access. I furth I further certify that I am a General Partner of the	Statutes. I release the Division of er certify that the information Indicated on this e limited partnership, receiver or trustee	
SIGNATURE 69 GAL.	I. Taylor, man	gu ,	DATE	3//0/9 /	
Typed or Printed Name of General Partner Signing	Form U Joe T.	TAYlor	Daytime Telephone Number	04-881-7691	