## 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

SECRETARY OF STATE DIVISION OF CORPORATIONS

97 DEC 17 AM 7-1.1

Malling Address  Principal Office Address  3. Date Formed or Registered  4. Size or Country  4. Size or Country of Formation  FL  6. FEL Number  59-3365126  7. Certificate of Status Desired  7. Certificate of Status Desired  8. Make check payable to: Dept.  9. Name and Address of Current Registered Agent  Name  MCGEHEE, F. SUTTON JR.  3300 PHILLIPS HIGHWAY  JACKSONVILLE FL 32207  Sure Address (P.O. Box Number is Not Acceptable)  Surect Address (P.O. Box Number is Not Acceptable)  Surect Address (P.O. Box Number is Not Acceptable)  Surect Address (P.O. Box Number is Not Acceptable)	* 7 - 747 - 73 G T 300 300 100 310 310 310 310 310 310 310
3300 PHILLIPS HIGHWAY JACKSONVILLE FL 32207  2. Melling Address  3. Date of Last Report 12/17/1996  4. State or Country of Formation FL  5. FEI Number 5. Suite, Apt. #, etc.  6. FEI Number 5. Sy-3365126  7. Cotificate of Status Desired 7. Country  8. Make check payable to Dept. #  8. Make check payable to Dept. #  10. If changed, new Register MCGEHEE, F. SUTTON JR. 3300 PHILLIPS HIGHWAY JACKSONVILLE FL 32207  10. Size Apt. #, etc.  11. Name(s) of General Pertreor(s)	
2. Malling Address  2. Malling Address  2. Malling Address  2. Suite, Apt. #, etc.  3. Suite, Apt. #, etc.  4. State or Country  5. Suite, Apt. #, etc.  6. FEI Number  5. 9-3365126  7. Certificate of Status Desired  8. Make check payable to. Dept. or Name  MCGEHEE, F. SUTTON JR.  3. Suite, Apt. #, etc.  1. Name  MCGEHEE, F. SUTTON JR.  3. Suite, Apt. #, etc.  2. Suite, Apt. #, etc.  2. Suite, Apt. #, etc.  2. City  1. Suite, Apt. #, etc.  2. Suite, Apt. #, etc.  3. Suite, Apt. #, etc.  4. State or Country of Formation  5. Make check payable to. Dept. or Name  8. Suite, Apt. #, etc.  2. City  8. Suite, Apt. #, etc.  2. City  8. Suite, Apt. #, etc.  6. FEI Number  5. 9-3365126  7. Certificate of Status Desired  8. Make check payable to. Dept. or Name  9. Name  9. Name and Address of Current Registered Agent Acceptable)  9. Suite, Apt. #, etc.  2. City  9. Suite, Apt. #, etc.  10. Fill Interior  10. If changed, new Registered agent, acceptable to. Dept. or Name  9. Name  10. If changed, new Registered agent, acceptable to. Dept. or Name  9. Name  10. If changed agent, acceptable to. Dept. or Name  9. Name  10. If changed, new Registered agent, acceptable to. Dept. or Name  10. If changed, new Registered age	5a. Capital Contributions as Shown on record. \$400,000.00
City & State  City & State  City & State  Tip  Country  Tip  Country  Tip  Country  Tip  Country  Tip  Country  8. Make check payable to: Dept. of  8. Make check payable to:	5b. Anjount of Capital Contributions in FLORIDA to date:
7. Certificate of Status Desired   7. Certificate of Status Desired   8. Make check payable to: Dept. of   8. Make check	Applied For Not Applicable
9. Name and Address of Current Registered Agent  MCGEHEE, F. SUTTON JR. 3300 PHILLIPS HIGHWAY JACKSONVILLE FL 32207  Street Address (P.O. Box Number is Not Acceptable) Street Address of Each Government In Interest Acceptable in Acceptable in Interest Acceptable in Interest Acceptable in Interest Acceptable in I	\$8.75 Additional Fee Required
MCGEHEE, F. SUTTON JR.  3300 PHILLIPS HIGHWAY  JACKSONVILLE FL 32207  Suite, Apt. #, etc -12/2  City -12/2  City -12/2  City -12/2  Suite, Apt. #, etc -12/2  City -12/2  City -12/2  A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHIN MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  11. Name(s) of General Partner(s) - 11a. Address of Each General Partner  Name  Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Numbers)  Street Address (P.O. Box Numbers)  Address of Each General Partner  11. Name(s) of General Partner(s)  11a. Address of Each General Partner  11b. City, State & Zip Code	f State (See reverse side for fee Information
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	the State of Florida, submills this statement reby accept the appointment of registered
(Do NOT Use Post Office Box Numbers)	Davidstation (
	11c. Registration/ Document Number
doc	
Note: General partners MAY NOT be changed on this form; an amendment must be filed to changed to change on this form; an amendment must be filed to change of the change o	

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 each [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.

thou Mc Gehee, Jr.
F. Sutton Mc Gehee, Jr.

DATE December 16, 1997

Daytime Telephone Number (904) 348-3300