

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

98 MAR 16 AM 10:13



1. Name of Limited Partnership	1a. DOCUMENT # A96000000719
J.G. JONES FAMILY LIMITED PARTNERSHIP	

Mailing Address P.O. BOX 3506 ORLANDO FL 32802	Principal Office Address 611 NORTH MAGNOLIA AVENUE ORLANDO FL 32801	3. Date Formed or Registered 04/11/1996	5a. Capital Contributions as Shown on record \$20,000.00
2. Mailing Address	2a. Principal Office Address	3a. Date of Last Report 12/30/1996	5b. Amount of Capital Contributions in FLORIDA to date: 20,000
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. State or Country of Formation FL	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
City & State	City & State	6. FEI Number NOT APPLICABLE	
Zip	Country	7. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	8. Make check payable to: Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent JONES, J G 611 NORTH MAGNOLIA AVENUE ORLANDO FL 32801	10. If changed, new Registered Agent/Office Name: 900002466889--0 Street Address (P.O. Box Number Is Not Acceptable): 03/24/98--01083--005 Suite, Apt. #, etc.: ***228.75 ***228.75 City: FL Zip Code
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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
THE HILLARY CORPORATION	611 NORTH MAGNOLIA AV	ORLANDO FL 32801	P96000071442 <i>al</i> <i>3-17</i>

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 *J. G. Jones* DATE *12/29/97*
Typed or Printed Name of General Partner Signing Form *J. G. JONES, PRES, HILLARY CORP.* Telephone Number *(407) 425-8621*

CR2E003 (6/97)