


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

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|---|--|--|--|---|---|
| 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 # A96000000798 | | | |
| EP PROPERTIES OF DUVAL COUNTY LIMITED PARTNERSHIP | | | | | |
| Mailing Address 1301 RIVERPLACE BLVD., SUITE 2330 JACKSONVILLE FL 32207 | | Principal Office Address 1301 RIVERPLACE BLVD., SUITE 2330 JACKSONVILLE FL 32207 | | 3. Date Formed or Registered 04/26/1996 | 5a. Capital Contributions as Shown on record. \$945,000.00 |
| 2. Mailing Address | | 2a. Principal Office Address | | 3a. Date of Last Report 02/25/1997 | 5b. Amount of Capital Contributions in FLORIDA to date: \$1,050,000.00 \$945,000.00 |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 4. State or Country of Formation FL | <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable |
| City & State | | City & State | | 6. FEI Number 59-3371043 | |
| 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) | |

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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|--|---|--|-----------------------------------|
| 9. Name and Address of Current Registered Agent WEBER, SYLVIA 1301 RIVERPLACE BLVD., SUITE 2340 JACKSONVILLE FL 32207 | | 10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code | |
| 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 |
| EP PROPERTIES OF JACKSONVILL | 1301 RIVERPLACE BLVD. | JACKSONVILLE FL 32207 | P95000094078 |
| 300002410733--3 -01/23/98--01112--011 ****541.25 ****541.25 | | | |
| 437.50 103.75 dce | | | |

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

Ladson E. Montgomery

DATE **12/1/97**

Typed or Printed Name of General Partner Signing Form

LADSON E. MONTGOMERY

Daytime Telephone Number

904-399-5222

CR2E003 (6/97)