

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

FILED

98 FEB -9 AM 9:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED PARTNERSHIP ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra M. Martin Secretary of State DIVISION OF CORPORATIONS	
1. Name of Limited Partnership Emerson MOB, Ltd.		1a. DOCUMENT # A96000000830 98-AR CM	
Mailing Address 4555 Emerson Expressway Suite 200 Jacksonville, FL 32207		Principal Office Address 4555 Emerson Expressway Suite 200 Jacksonville, FL 32207	
2. Mailing Address 4555 Emerson Expressway #200 Suite, Apt. #, etc. Suite 200 City & State Jacksonville, FL 32207 Zip Country		2a. Principal Office Address 4555 Emerson Expressway #200 Suite, Apt. #, etc. Suite 200 City & State Jacksonville, FL 32207 Zip Country	
3. Date Formed or Registered 5/1/96		5a. Capital Contributions as Shown on record. 100,000.00	
3a. Date of Last Report		5b. Amount of Capital Contributions in FLORIDA to date: 100,000.00	
4. State or Country of Formation FL		6. FEI Number 59-3365035 <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
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 Lewis, Brett J. 4651 Salisbury Road Suite 155 Jacksonville, FL 32256		10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) 4555 Emerson Expressway Suite, Apt. #, etc. Suite 200 City, State & Zip Code Jacksonville FL 32207	
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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 2/5/98

**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) Emerson MOB, Joint Venture	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 4555 Emerson Expressway Suite 200	11b. City, State & Zip Code Jacksonville, FL 32207	11c. Registration/ Document Number G96110900062 700002435637--3 -02/19/98--01035--004 ****541.25 ****541.25
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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 _____

DATE 2/5/98

Typed or Printed Name of General Partner Signing Form: Brett J. Lewis

Daytime Telephone Number 904 399-426

CR2E003 (6/97)