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

DURBIN JACKSONVILLE HOLDINGS LIMITED PARTNERSHIP

LIMITED PARTNERSHIP **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partnership

DOCUMENT # Ä96000000879

SECRETARY OF STATE DIVISION OF CORPORATIONS

97 DEC 29 PM 3: 44



Principal Office Address		3. Date Formed or Registered	58. Capital Contributions as Shown on record	
3 ANCHOR DRIVE 143 ANCHOR DRIVE PRO BEACH FL 32963 VERO BEACH FL 32963		05/09/1996	#0.000.000.00	
VERO BEACH FL 32963		3a. Date of Lest Report	\$2,000,000.00	
		01/16/1997	5b. Amount of Capital Contributions in FLORIDA	
28. Principal Office Addres	e	4. State or Country of Formation	to date:	
,		FL	\$ 2,000,000	
Suite, Apt. #, etc.		6. FEI Number	☐ Applied For	
City & State		65-0684040	Not Applicable	
7(5)	Country	7. Certificate of Status Desired	\$8.75 Add tional Fee Required	
7 ip Country		8. Make check payable to: Dept. of State (See reverse side for fee Informati		
rant Danisland Apant		10 If channed any Beginters	d Agony/Other	
ent ueflistoien Whent	Name	10, il changed, haw negisiere	a Agentonice	
DURBIN, JAMES E 143 ANCHOR DRIVE VERO BEACH FL 32963		Street Address (P.O. Box Number is Not Acceptable)		
		6000023987468		
		-01/13/30 0100/ 010 		
	City FL			
		p organized or registered under the laws of the was authorized by its general partner(s). I hen		
e or registered agent, or both, in the State o				
e or registered agont, or both, in the State o itions of section 620,192, Florida Statutes.	I Florida. Such change v	was authorized by its general partner(s). I hen DATE ARTNERSHIP OR OTHE	bby accept the appointment of registeres	
e or registered agont, or both, in the State o dions of section 620.192, Florida Statutes. The section of the sec	I Florida. Such change v	was authorized by its general partner(s). I hen DATE ARTNERSHIP OR OTHE	oby accept the appointment of registerus	
e or registered agent, or both, in the State of dions of section 620-192, Forida Statutes. AT IS A CORPORATION IST BE REGISTERED	I, LIMITED PAND ACTIVE Concral Partner Le Box Numbers) 1	DATE ARTNERSHIP OR OTHE WITH THIS OFFICE.	R BUSINESS ENTRY	
	2a. Principal Office Addres Suite, Apt. #, etc.	28. Principal Office Address Suite, Apt. #, etc. City & State Zip Country rent Registered Agent Name Street Address	28. Principal Office Address 28. Principal Office Address FL Suite, Apt. #, etc. City & State 7. Certificate of Status Desired 7. Certificate of Status Desired 8. Make check payable to: Dept. of Pent Registered Agent 10. If changed, new Registere Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc.	

12. I do hereby certify that the information supplied will this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes, Frolease the Division of

Corpora type 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 logal effects as if made under eath. I further certly that I am a General Partner of the limited partnership, receiver or trustee