FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partnership

DOCUMENT# A96000000879

FILED 98 OCT 19 PM 4: 30 SECRETARY OF STATE TALLAHASSEE, FLORIDA



OURBIN JACKSONVILLE HO	NERSHI	P						
Mailing Address	Principal Office Address		3. 1	3. Date Formed or Registered		5a. Capital Contributions as Shown on record.		
143 ANCHOR DRIVE VERO BEACH FL 32963				05/09/1996 3a. Date of Last Report		\$2,000,000.00		
			├	2/29/1997 tate or Country of Formation	5b. Amou Contr to dat	nt of Capital butions in FLORIDA a:		
2. Mailing Address	2a. Principal Office Address	2a. Principal Office Address		L	\$ 2	,000,000.		
Suite, Apt. #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		El Number		Applied For		
City & State	City & State	City & State		5-0684040 ertificate of Status Desired	Not Applicable			
Zip Country	Zip	Country		Fee Required				
					8. Make check payable to: Dept. of State (See reverse side for fee information)			
9. Name and Address of Curr	rent Registered Agent		1(. If changed, new Registered	Agent/Office			
DURBIN, JAMES E		Name		SOOOOSe	3704			
143 ANCHOR DRIVE		Street Address (P.O. Box Number Is Not Acceptable) 227 38						
VERO BEACH FL 32963		Suite, Apt. #, etc.						
		City Zip Code						
10a. Pursuant to the provisions of sections 620.1051 for the purpose of changing its registered office agent. I am familiar with, and accept the obligation	or registered agent, or both, in the State of Florid							
SIGNATURE (Registered Agent Accepting Appointment)				DATE_				
A GENERAL PARTNER THA	T IS A CORPORATION, L ST BE REGISTERED AN				R BUSII	NESS ENTITY		
11. Name(s) of General Partner(s)	11a. Address of Each Genera	l Partner x Numbers)	11b. •	ity, State & Zip Code	11c.	Registration/ Document Number		
J&JD, INC. 1420 BEVERLY ROAD, S			MCLEAN VA 22101		P06027			
Í					a	16		
Note: General partners MAY NO	OT be changed on this form	ı; an ame	ndment m	ust be filed to cha	nge a ge	eneral partner.		
12 I do berefy certify that the information symplied wit	th this filing is voluntarily femished and does not	avalify for the a	remntion stated in	Section 119 07/3\(k) Florida St	stutes I release	e the Division of		

ız.	o hereby certify that the information supplied with this filing is voluntarily turnished and does not qualify for the exemption stated in Section 119.07(3)(k), Fiorida Statutes. I release the Division of
	rporations 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
	s 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 truste
	powered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE	James E. Durk	ten	President	DATE	1/28198
Typed or Printed Name of General Partner Signing Ed	J. JAMES	E. Du	RG IN Daytime	Telephone Number 56	1-231-4542