

FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE


FILED

97 JAN -3 AM 10:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



98-4/13

LIMITED PARTNERSHIP ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra Mortham Secretary of State DIVISION OF CORPORATIONS	
1. Name of Limited Partnership THE KLM OF JACKSONVILLE FAMILY LIMITED PARTNERSHIP		1a. DOCUMENT # A960000001033	
2. Mailing Address 4260 McGirts Blvd. Suite, Apt. #, etc.		2a. Principal Office Address 4260 McGirts Blvd. Suite, Apt. #, etc.	
City & State Jacksonville, FL		City & State Jacksonville, FL	
Zip 32210		Zip 32210	
Country		Country	
3. Date Formed or Registered 05/31/1996		5a. Capital Contributions as Shown on record \$2,000,000.00	
3a. Date of Last Report n/a		5b. Amount of Capital Contributions in FLORIDA to date: \$1,620,000	
4. State or Country of Formation FL		6. FEI Number 59-3381034 <input type="checkbox"/> Applied For <input 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 O'CONNOR, AILISH 701 FLOK STREET, SUITE 040 JACKSONVILLE FL 32205		10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) 1000 Riverside Avenue Suite 500 Suite, Apt. #, etc. Jacksonville, Florida 32204 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) *AILISH O'CONNOR* DATE **12/16/96**

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) KLM OF JACKSONVILLE, INC.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) --- 3015 RIVERSIDE AVENUE --- 4260 McGirts Blvd.	11b. City, State & Zip Code JACKSONVILLE FL 32205 Jacksonville, FL 32210	11c. Registration/Document Number P96000045612
---	--	--	--

7000002059087-6
-01/15/97-01051-013
****576.25 ****576.25

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

Mary M. Murphy

DATE **12/16/96**

Typed or Printed Name of General Partner Signing Form

Mary M. Murphy, President

Daytime Telephone Number **(904) 389-3000**

0000567

CR2E003 (6/96)