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

LIMITED PARTNERSHIP ANNUAL REPORT

1997



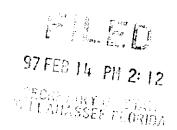
FLORIDA DEPARTMENT OF STATE

Sangra Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partnership

DOCUMENT # **A9600001404**





| | 7.0000001101 | | | | |
|--|--|--|--|--|--|
| JACKSON CORNERS ASSOCIATES, LTD. | | | I 1881 OLI FIRIO LOLIRO DILLI DOLLI DORIL BOLIK DOLIK DOLIN LILOK DILLI DILLI DOLIK SLOK HODI I | | |
| Mailing Address P.O. BOX 1929 DELRAY BEACH FL 33447-1929 | Principal Office Address 1032 EAST ATLANTIC BLVD. DELRAY BEACH FL 33483 | | 3. Date Formed or Registered 07/29/1996 3a. Date of Last Report | 5a. Capital Contributions as Shown on record. \$140.00 5b. Amount of Capital Contributions in FLORIDA to date | |
| | | | 4. State or Country of Formation | | |
| 2. Mailing Address | 2a. Principal Office Address | 2a. Principal Office Address | | | |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | Suite, Apt. #, etc. | | 6. FEI Number Applied For Not Applicable | |
| City & State | City & State | City & State | | 7. Certificate of Status Desired \$8.75 Additional | |
| Zip Country | Zip | Zip Country | | 8. Make check payable to Dept. of State (See reverse side for fee information) | |
| 9, Name and Address of C | Current Registered Agent | | 10. If changed, new Registere | id Agent/Office | |
| FERBER, PAUL S 1032 EAST ATLANTIC BLVD. | | Name | | | |
| | | Street Address (P.O. Box Number is Not Acceptable) | | _ | |
| DELRAY BEACH FL 33483 | | Suite, Apt. #, etc. | | | |
| | | City Zip Code | | Zip Code | |
| for the purpose of changing its registered of agent. I am familiar with, and accept the ob- SIGNATURE (Registered Agent Accepting Appointm A GENERAL PARTNER TI- | IAT IS A CORPORATION | Florida. Such change | e was authorized by its general partner(s). I her | eby accept the appointment of registered | |
| N | IUST BE REGISTERED A 11a. (Do NOT Use Post Office | ND ACTIVE | E WITH THIS OFFICE. | Conjugation / | |
| 11. Name(s) of General Partner(s) | | | 11b. City, State & Zip Code | Document Number | |
| 819 ASSOCIATES, INC. | 1032 EAST ATLANTIC | BL | DELRAY BEACH FL 33483 2 1 -02/13 ****1 | 090 97187 3 8 8 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 | |
| Note: General partners MAY | NOThe changed on this fo | rm; an amer | ndment must be filed to ch | ange a general partner. | |
| | nce with Section 119.07(3)(k) in the eyent that that the signature shall have the same legal effects | e information supplie | d is deemed exempt from public access. I furt th. I further certify that I am a General Partner o | her certify that the information indicated on | |

Paul S. Ferber