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

LIMITED PARTNERSHIP **ANNUAL REPORT** 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partnership

a. DOCUMENT # **A9600001746**

SECRETARY OF STATE DIVISION OF CORPORATIONS

98 JAN -2 #AM 11: 37 th 1/15



SIGNATURE BUILDINGS LIMITED PARTNERSHIP					
Mailing Address 1324 SOUTH ADAMS STREET TALLAHASSEE FL 32301	Principal Office Address 1324 SOUTH ADAMS STREET TALLAHASSEE FL 32301 2a. Principal Office Address 1201 N. Tarragona St		3. Date Formed or Registered 09/20/1996 3a. Date of Last Report 01/03/1997 4. State or Country of Formation FL	5a. Capital Contributions as Shown on record. \$24.90 5b. Amount of Capital Contributions in FLORIDA to date: \$24.90	
2. Majjing Address 1201 N. Tarragona St					
Suite, Apt. #, etc. City & State	Suite, Apt. #, etc. City & State		6. FEI Number 59~3448438 Applied For APPLIED FOR Not Applicable 7. Certificate of Status Desired \$8.75 Additional		
Pensacola, FL 32501 Zip Country	Pensacola, FL 32			\$8.75 Additional Fee Required If State (See reverse side for fee Information)	
		· -	О. маке спеск рауасте то: Берт. с	State (See reverse side for fee information)	
9. Name and Address of Curr	rent Registered Agent	T	10. If changed, new Register	ed Agent/Office	
WEBSTER, WILLIAM T 1316 SOUTH ADAMS STREET TALLAHASSEE FL 32301		Narry William Todd Schweizer Stregt Address (P.O. Box Number is Noi Acceptable) 1201 N. Tarragona St Suite, Apr. #, etc. City Pensacola, FL Zip Code 32501			
agent. I am familiar with, and accept the obligate SIGNATURE (Registered Agent Accepting Appointment) A GENERAL PARTNER THA	1411	IMITED PAF	DATE TNERSHIP OR OTHE		
11. Name(s) of General Partner(s)	11a. Address of Each Genera (Do NOT Use Post Office Bo	Partner 11b	City, State & Zip Code	11c. Registration/ Document Number	
WEBSTER, WILLIAM T	1316 SOUTH ADAMS STR	RE TA	ALLAHASSEE FL 32301	403 7 584	
			-01/16 -01/16 ****1	4037584 /8801111030 56.25 ****156.25	
Note: General partners MAY NO	OT be changed on this form	n; an amendn	ent must be filed to ch	ange a general partner.	
12. I do hereby certify that the information surplied will Corporations from any liability of non-combinate in this annual report is true and accurate grid that my	ith this filing is voluntarily furnished and does no with Section 119.07(3)(k) in the event that the in	ot qualify for the exempt formation supplied is de	on stated in Section 119.07(3)(k), Florida eemed exempt from public access. I furt	a Statutes. I release the Division of her certify that the information indicated on	

Typed or Printed Name of General Pariner Signing Form

Daytime Telephone Number