FILE ON OR BEFORE APRIL 9, 1997 TO AVOID REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP **ANNUAL REPORT** 1997



FLORIDA DEPARTMENT OF STATE

Sandra Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partnership

DOCUMENT # A96000001782

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

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28. Principal Office Address Sulfo, Apt. #, etc.	4419 F	IARBOR ISLAND DRIVE	4419 HARBOR ISLAND DRIVE			09/25/1996	\$536,736.00 \$5. Amount of Capital Contributions InFLORIDA		
City & State Country Cou	2. Ma	ailing Address	2a. Principal Office Address	3. Principal Office Address		· · · · · · · · · · · · · · · · · · ·			
To Country To Country Zip Country Zip Country Rest Registered Rest Re	Suite, A	Apt. #, etc.	Suite, Apt. #, etc.	etc.		Applied For			
Exp. Country Sp. Name and Address of Current Registered Agent Sp. Name and Address of Current Registered Agent Agent Sp. Name and Address of Current Reg	City & S	Stale	City & State	3 State					
BORNS, LAWRENCE W 412 N. HALIFAX AVENUE DAYTONA BEACH FL 32118 Street Address (F.O. Box Number is Not Acceptable) Sule, Apt. s. etc.	Zip	Country	Zip Country			Fee Required			
BORNS, LAWRENCE W 412 N. HALIFAX AVENUE DAYTONA BEACH FL 32118 Street Address (F.O. Box Number is Not Acceptable) Sule, Apt. s. etc.		Q Name and Address of Current R	egistered Agent	10 If changed, new Registered Apent/Office					
Street Address (P.O. Box Number is Not Acceptable) Sulfa, Apt. 8, etc02/25/9701030007 Note: Committee of the State of Portida, submits the statement for the purpose of charging is registered defect or registered superior of both, in the State of Portida. Such change was suffortized by its general partner(e). The left of the State of Portida, submits the statement for the purpose of charging is registered adjoint and 620-182. Florida Statutes, the above-named limited partnership organized or registered under the law of the State of Portida, submits the statement for the purpose of charging is registered adjoint accepting Appointment of registered agent. 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) 11a. Name(s) of General Partner(s) 11a. (Do NOT Use Post Office Box Nambers) 11b. City, State 8 2p Code 11c. Decorporation or for any liability of one-compliance with Science 1902/(10)(s) in the event high his forming is deeped and is Section 119/20(s). Footda Statutes. Irelease the Division of Cooperation for many liability of one-compliance with Science 1902/(10)(s) in the event high his forming is deeped and state of Section 119/20(s). Footda Statutes. Irelease the Division of Cooperation for many liability of one-compliance with Science 1902/(10)(s) in the event high his forming is deeped and state in Section 119/20(s)(s). Footda Statutes. SIGNATURE SIGNATURE SIGNATURE STATE ADMINISTRATION AND ACTIVE WITH THIS OFFIce and Acceptable and does not cause the Division of Cooperation form any liability of one-compliance with Science 1902 (s) (s) in the event high his his forming is deeped and sealed in Section 119/20(s). Footda Statutes. SIGNATURE SIGNATURE STATE ADMINISTR									
10a. Pursuant to the provisions of sections 620.1051 and 620.1052. Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Protife, such change was authorized by its penseral partner(e). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.102. Florida Statutes. SIGNATURE (Registered Agent Accepting Appointment) A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR THER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. 11. Name(a) of General Partner(s) 11a. Address of Each General Partner (b) 11a. (b) NOT Use Foot Office Box Nambees F.J. MANAGEMENT CORPORATION 4419 HARBOR ISLAND DR JACKSONMILE FL 32225 P95000007835 Note: General partners MAY NOT be changed on this form; an amendment must be filled to change a general partner. 12. Ido hereby certify that the information supplied with this filling is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes, I reliance the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) in the event that the information supplied is deemed exempt from public secses. I surther certify that the information indicated on this annular report is true yfG) pocured and that my signature shall have professed logal effects as if made under each. I further certify that I am a General Partner of the limited partnershy, receiver or trustee empowered to execute the report as required by chapter 620, Profess Battless. SIGNATURE SIGNATURE A.M. A.M. A.M. A.M. A.M. A.M. A.M. A.M	412	2 N. HALIFAX AVENUE				9000020968690			
the purpose of changing its registered affice 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) 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) 11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) F.J. MANAGEMENT CORPORATION 4419 HARBOR ISLAND DR JACKSONVILLE FL 32225 P95000007835 Note: General partners MAY NOT be changed on this form; an amendment must be filled 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 118 07(3)(8) in the event that the information supplied is deemed exempt from public access. I unther certify that the information indicated on this annual report is true 40 occupied and that my signature shall have beginner legisle effects as if made under cert. I further certify that I am a General Partner of the limited perforathy, receiver or trustee empowered to execute by the capital section. The post of the composition of control of the composition of control of the control of the limited perforathy, receiver or trustee empowered to execute the spend as required by chapter \$20, Profise Statutes. SIGNATURE SIGNATURE A. A				City			****165.00 ****165.00 FL		
11. Name(s) of General Partner(s) 11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 11b. City, State & Zip Code 11c. Registration Document Number P95000007835 P95000007835 Note: General partners MAY NOT be changed on this form; an amendment must be filled 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 annular inport is true april occurred and that my eignature shall have beginness with larve decisions with the side shall be empowered to execute this report as required by chapter 620, Florida Statutes. SIGNATURE AMAGEMENT CORPORATION 11b. City, State & Zip Code 11c. Registration Document Number 11b. City, State & Zip Code 11c. Registration Document Number 11b. City, State & Zip Code 11c. Registration Document Number P95000007835 P95000007835 P95000007835	SIGNATURE (Registered Agent Accepting Appointment) A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY								
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500 QUE / WIT TOWNRIAM MA-642-2766	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 tree 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.								
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