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

LIMITED PARTNERSHIP **ANNUAL REPORT**





FLORIDA DEPARTMENT OF STATE

Sandra Mortham

Secretary of State

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

1. Name of Limited Partnership THE FAIRE HARBOUR LIMITED PARTNERSHIP Mailing Address 1376 MANDARWI ROAD 1376 MANDARWI ROAD 1476 MANDARWI ROAD 1576 MANDARWI ROAD 15	1997	THE REAL PROPERTY.	DIVISION OF CORPORATI	ONS 97 MAR 31	PM 3: 44		
Notice: General partners MAY NOT be changed on this form; an amendment must be filled to change a general partner. 3. Date Formed or Registered 10/14/1896 58. Capast Contributors as 10/14/1896 58. Capast Contributors as 10/14/1896 58. Capast Contributors as 10/14/1896 58. Date or Last Report 59. Applied Formation F. Botton or Country of Formation F. Combide formation F. Country Type Country Typ	1. Name of Limited Partnership			#			
13746 MANDARN ROAD ACKSONNILE FL 32223 ACKSONNILE	THE FAIRE HARBOUR L	IMITED PARTNE	ERSHIP	1 18 14 18 18 18 18 18 18 18 18 18 18 18 18 18	i 4000 4000 50 00 50 00 1000 1000 1000 1000		
2. Mailing Address 2. Mailing Address 2. Mailing Address 2. Suite, Apt. #, etc. City & State To Country To	13746 MANDARIN ROAD	13746 MAI	NDARIN ROAD	10/14/1996	1		
Suite, Apt. #, etc. City & State City & St	2. Mailing Address	2a. Princip	nal Office Address	1	to date.		
Zip Country Zip Country Zip Country Zip Country 7. Certificate of Status Desired 8. Make check payable to: Dopt of State (See involves adde for fee Information 9. Name and Address of Current Registered Agent To, If changed, new Registered Agent/Office FLORIDA TRUST SERWCES, INC. ONE SAN JOSE PLACE, SUTE 17 JACKSONVILE FL 32257 Size of Address (P.D. Box Number is Not Acceptable) Size of Address (P.D. Box Number is Not Acceptable) Size of Address (P.D. Box Number is Not Acceptable) Size of Address of Country FL Zip Code Tog. City FL Zip			, etc.		Applied For		
FLORIDA TRUST SERVICES, INC. ONE SAN JOSE PLACE, SUITE 17 JACKSONVILLE FL 32257 Sure Address (P.O. Box Number is Not Acceptable) Suite, Apr. 8, etc. City FL Zip Code To A Pursuant to the provisions of sections 620 1051 and 620 192, Florida Statutes, the above-named limited perinerable organized or registered under the laws of the State of Florida, submits this statement is 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 accepting Appointment of registered agent accepting Appointment of registered agent accepting Appointment of The State of Florida State Such Control of State Sta			Country	7. Certificate of Status Desired	\$8.75 Additional Fee Regulred		
ONE SAN JOSE PLACE, SUITE 17 JACKSONVILLE FL 32257 Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code Total The pursuant to the provisions of sections 630 1051 and 620 192, Plorida Statutes, the above-named limited perforable preparated or registered under the laws of the State of Florida, submits this statement the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was sufficiently by the performing performing performing in the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was sufficiently by the performing performing performing the performing performing in the purpose of changing its registered agent, or both, in the State of Florida. Such change was sufficiently by the performing				10. If changed, new Registe	ared Agent/Office		
Pursuant to the provisions of sections 620 1051 and 620 192, Florida, Statutes, the above-named limited perinership organized or registered under the laws of the State of Florida, submits this statement the purpose of changing its 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 and accept the obligations of section 620 192, Porida Statutes, I hereby accept the appointment of registered agent and accept the obligations of section 620 192, Porida Statutes. A GENERAL PARTNER THAT IS A CORPORATION, LIMPED PARTNERSHIP OR OTHER BUSINESS ENTIT MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. 11. Name(s) of General Partner(s) 11a. Address of Each General Partner Partner (Do NOT Use Post Office Box Numbers) 11b. City, State & Zip Code 11c. Registration/ Document Number MAIER, ALBERT CARL 13746 MANDARIN ROAD 13746 MANDARIN ROAD 13746 MANDARIN ROAD Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner 12. Too horeby certly that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 1190/73(N)d, Florida Statutes, I release the Division of Corporations from any lability of non-completally the partner in 190/73(N)d, Florida Statutes, I release the Division of Corporations from any lability of non-completally the partner in 190/73(N)d. Florida Statutes, I release the Division of Corporations and any submitted by these Agent Submitted by the partner in 190/73(N)d. Florida Statutes, I release the Division of Corporations and a security of the same legal effects as if made under cath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to except this plane as a fedicings by these Agent Submitted. Power or trustee empowered to except this plane as a fedicings by these Agent Submitted. Power or trustee empowered to except this plane as a	ONE SAN JOSE PLACE, SUITE		Sulte, Ap		7 in Code		
A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITED 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) 11b. City, State & Zip Code 11c. Registration/ Document Number NAIER, ALBERT CARL 13746 MANDARIN ROAD JACKSONVILLE FL 32223 A 16000000000000000000000000000000000000	the purpose of changing its registered I am familiar with, and accept the obli	office or registered agent, or bot gations of section 620.192, Florid	th, in the State of Florida. Such chang la Statutes.	e was authorized by its general partner(s). I hereby	the State of Florida, submits this statement for accept the appointment of registered agent.		
MAIER, ALBERT CARL 13746 MANDARIN ROAD JACKSONVILLE FL 32223 A 76 0000 97/10 MAIER, GAIL ELIZABETH 13746 MANDARIN ROAD JACKSONVILLE FL 32223 A 76 0000 97/10 MAIER, GAIL ELIZABETH 13746 MANDARIN ROAD JACKSONVILLE FL 32223 A 76 0000 97/10 A 76 0000 97		THAT IS A COR	PORATION, LIMITE	D PARTNERSHIP OR OTH	ER BUSINESS ENTITY		
MAIER, GAIL ELIZABETH 13746 MANDARIN ROAD JACKSONVILLE FL 32223 A 16.000000000000000000000000000000000000		ľ	NOT Use Post Office Box Numbers)		Document Number		
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 o annual report is true and accurpte and that my signature shall have the same legal effects as if made under eath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this placet as fedular by chapter \$20\$, Foods Statutes.	·				A 96 00000 MIP A 96 00000 1918 (C& InS. 00		
1 do 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)(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 or annual report is true and accurate and that my signature shall have the same legal effects as if made under earth. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this paper as fedulated by chapter #20, Fooda Statutes.	n			700002 -04/0 ****	56 105.00 54 105.00 54 105.00 20 10 118 - 008 20 10 118 - 008		
SIGNATURE X Allut the Acade DATE 3.21.97	I do hereby certify that the information a Corporations from any liability of non-co- annual report is true and accumulate and	supplied with this filing is voluntar impliance with Section 119.07(3) that my signature shall have the s	ly furnished and does not quality for t k) in the event that the Information su ame legal effects as if made under or alutes.	he exemption stated in Section 119.07(3)(k), Florid ipplied is deemed exempt from public access. I furt tath. I further certify that I am a General Partner of the	la Statutes. I release the Division of ther certify that the Information indicated on this ne limited partnership, receiver or trustee		

SIGNATUR	Ε
----------	---

Typed or Printed Name of General Partner Signing Form

ALBERT

MAIGR