

FILE ON OR BEFORE APRIL 8, 1998 TO AVOID
REVOCATION AND \$500 PENALTY FEE

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

98 MAY 11 AM 10:01

LIMITED PARTNERSHIP
ANNUAL REPORT
1997
FLORIDA DEPARTMENT OF STATE
Teresa B. Mortimer
Secretary of State
DIVISION OF CORPORATIONS

1. Name of Limited Partnership
1a. DOCUMENT #
A96000002070

LOWE OCEAN HAMMOCK, LTD.

Mailing Address
~~ONE HARBOR DRIVE~~
~~PO BOX 91100~~
Principal Office Address
~~ONE HARBOR DRIVE~~
~~PO BOX 91100~~

2. Mailing Address
11777 San Vicente Blvd.
Suite, Apt. #, etc.
900
City & State
Los Angeles, CA
Zip
90049
Country
USA
2a. Principal Office Address
3 Waterside Parkway
Suite, Apt. #, etc.
City & State
Palm Coast, FL
Zip
32137
Country
USA

3. Date Formed or Registered
11/12/1996
3a. Date of Last Report
12/24/1996
4. State or Country of Formation
FL
5a. Capital Contributions as
Shown on record.
27,252,500
~~\$2,500,000.00~~
5b. Amount of Capital
Contributions in FLORIDA
to date:
S.A. Filed 5-11-98
6. FEI Number 59-3426063
APPLIED FOR
7. Certificate of Status Desired
8. Make check payable to: Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent
CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

10. If changed, new Registered Agent/Office
Name
Street Address (P.O. Box Number is Not Acceptable)
280082519442-2
Suite, Apt. #, etc.
City
05/12/98--01004--006
***2276.25 FL ***2276.25

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) DATE

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)
LOWE/OCEAN HAMMOCK, INC.
11a. Address of Each General Partner
(Do NOT Use Post Office Box Numbers)
3 Waterside Parkway
~~ONE HARBOR DRIVE~~
11b. City, State & Zip Code
PALM COAST FL 32137
11c. Registration/
Document Number
P96000092177

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 See attached page DATE 2/24/98

Typed or Printed Name of General Partner Signing Form Daytime Telephone Number (904) 446-6460

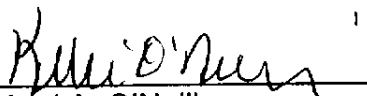
**LOWE OCEAN HAMMOCK, LTD.
SIGNATURE BLOCK**

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Lowe Ocean Hammock, Ltd., a
Florida limited partnership

By: Lowe/Ocean Hammock, Inc.,
a Florida corporation,
General Partner

By: 
Its: Kerri A. O'Neill
Vice President