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

Sandra Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partnership

DOCUMENT # A96000002156

Malkan Diakinaan

empowered to execute this report as required by chapter 620. Florida Ctatutes

SIGNATURE <

Typed or Printed Name of General Partner Signing Form

FILED

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SECRETARY OF STATE TALLAHASSEE. FLORIDA

GOODOOCOCOQUELE

358-1206

Daytime Telephone Number



l Independen Jacksonville	t Drive,	Suite 2401				-12/17 ****1	7960 91.25)1036019 ****191.29	;	
Aailing Address Principal Office Address				3. Date Formed or Registered 11/22/96 38. Date of Last Report		5a. Capital Contributions as Shown on record.				
1 Independent Dr., Suite 2401 Same										
Jacksonville, FL				, [Ja. Date of Last	нероп	5b. Amou	int of Capital ibutions in FLORIDA	\dashv	
2. Mailing Address		2a. Principal Office Address			4. State or Count	ry of Formation	to dat	6 :		
		`			Florid	la	\$98.00			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			6. FEI Number		Applied For Not Applicable			
City & State		City & State			7. Certificate of Status Desired			\$8.75 Additional Fee Required	\dashv	
Zip Country		Zip Country		ŀ	8. Make check payable to: Dept. of State (See reverse side for fee information			on)		
							······································	***************************************	\exists	
9. Name and Address of Current Registered Agent			Name		10. If chang	ed, new Registered	Agent/Office	***************************************	4	
l Independen Jacksonville	, Florida	a 32202	Suite, Apt.				FL	Zip Code		
10a. Pursuant to the provisions of section the purpose of changing its reagent. I am familiar with, and account to the provisions of sections agent.	gistered office or regis	tered agent, or both, in the State of Flo	ed limited partn rida. Such cha	ership organ nge was auti	nized or registered u horized by its gener	under the laws of the ral partner(s). I here	e State of Flori by accept the	da, submits this statemer appointment of registerer	t C	
SIGNATURE (Registered Agent Accepting Appointment)				DATE						
A GENERAL PARTN		BE REGISTERED AN	D ACTIV				R BUSI		<u>'</u>	
11. Name(s) of General Partner(s)		Address of Each Genera (Do NOT Use Post Office Bo	al Pariner ox Numbers)	11b.	City, State & 2	Zip Code	11c.	Registration/ Document Number		
Walter D. Dickinson Trustee of the Dec of Living Trust of Dickinson dated 9/ amended	laration Walter D	Suite 2401			onville,	FL 32202	:		(ada) coologo	
Walter Dickinson M Inc.	lanagement,	1 Independent Drive, Suite 2401		Jacksonville, FL 3220			2 P96000095629			
Note: General partners	MAY NOT be	e changed on this form	n; an am	endme	nt must be	filed to cha	nge a g	eneral partner.		
40 Late hearth, and it, that the informat	ion concline with this to	lon is voluntarily typiched and does of	at avalify for th	evemotion	stated in Section 1	10 07/3Vk) Elwide	Statutos I zato	see the Division of	1	

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

Walter D. Dickinson