


FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

FILED

97 JAN -3 PM 2:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED PARTNERSHIP ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra Mortham Secretary of State DIVISION OF CORPORATIONS	
1. Name of Limited Partnership SAMUEL T. BROWN FAMILY PARTNERSHIP, LTD.		1a. DOCUMENT # A96000002164	
Mailing Address Principal Office Address		3. Date Formed or Registered 11/20/96	5a. Capital Contributions as Shown on record 1,000,000
		3a. Date of Last Report N/A	5b. Amount of Capital Contributions in FLORIDA to date 1,000,000
2. Mailing Address 8041 FT. CAROLINE RD		4. State or Country of Formation DUVAL	
Suite, Apt. #, etc.		6. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
City & State JACKSONVILLE FL		7. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 32217 Country DUVAL		8. Make check payable to: Dept. of State (See reverse side for fee information) 576.25	

9. Name and Address of Current Registered Agent C. RANDOLPH COLEMAN 9250 BAYMEADOWS ROAD, SUITE 230 JACKSONVILLE, FL 32256		10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code	
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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 12/30/96

**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) RICHARD F. CRABTREE	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 8041 FT CAROLINE RD JACKSONVILLE, FL 32217	11b. City, State & Zip Code JACKSONVILLE, FL 32217	11c. Registration/ Document Number 500002057745--3 -01/14/97--01154--019 ****576.25 ****576.25
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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

DATE 12/30/96

Typed or Printed Name of General Partner Signing Form

RICHARD F. CRABTREE

Daytime Telephone Number

904-646-7045

CR2E003 (6/96)