## FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1998

COLUMBUS WAREHOUSE PROPERTY, LTD.



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partnership

a. DOCUMENT # **A9600002349** 

97 DEC 10 PM 12: 22 47 12/11





la fitta a di alauna	Discipal Office Address		<ol><li>Date Formed or Registered</li></ol>	5a. Capita	l Contributions as on record.	
failing Address	Principal Office Address		4014714000	Show	on record.	
335 CHANTARENE DRIVE ENSACOLA FL 32507	3335 CHANTARENE DRIVE			12/17/1996 \$1,500,000.00		
2. Malling Address	PENSACOLA FL 32507		3a. Date of Last Report			
			02/14/1997	<b>5b.</b> Amou Contri	nt of Capital butions in Ft ORIDA e:	
	2a. Principal Office Address		4. State or Country of Formation	to det	Đ:	
			FL			
suite, Apt. #, etc.	Suite, Apt. #, etc.		6. FEI Number		Applied For	
ity & State	City & State		59-3418645	Not Applicable		
			7. Certificate of Status Desired		\$8.75 Additional	
D Country	7ip Country		Fee Required  8. Make check payable to: Dept. of State (See reverse side for fee Informa			
· · · · · · · · · · · · · · · · · · ·	J					
9. Name and Address of Current Registered Agent		10. If changed, new Registered Agent/Office				
DOLLAN TEMBER ID		Name				
POLLAK, LEWIS B JR. 3335 CHANTARENE DRIVE		Street Address (P.O. Box Number Is Not Acceptable)				
		Suite, Apt. #, etc		etc.		
PENSACOLA EL 32507						
PENSACOLA FL 32507		0			7	
	egistered agent, or both, in the State of Fid	City ed limited partnership orida. Such change w	o organized or registered under the laws of as authorized by its general partner(s). I he	FL the State of Flori reby accept the	Zip Code  da, submits this stateme appointment of registere	
Oa. Pursuant to the provisions of sections 620,1051 and for the purpose of changing its registered office or reagent. I am familiar with, and accept the obligations of IGNATURE (Registered Agent Accepting Appointment).  A GENERAL PARTNER THAT I MUST	gistered agent, or both, in the State of Fic of section 620,192, Florida Statutes.  S A CORPORATION, I BE REGISTERED AN	ed limited partnership orida. Such change w	DATE WITH THIS OFFICE.	the State of Flori reby accept the	Ja, submits this stateme appointment of registere	
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