

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

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED PARTNERSHIP ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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1. Name of Limited Partnership	1a. DOCUMENT # A97000000233
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EAGERTON FAMILY LIMITED PARTNERSHIP

2. Mailing Address	2a. Principal Office Address
1528 BLAIR ROAD JACKSONVILLE FL 32221	1528 BLAIR ROAD JACKSONVILLE FL 32221
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

3. Date Formed or Registered	5a. Capital Contributions as Shown on record
01/22/1997	\$400.00
3a. Date of Last Report	5b. Amount of Capital Contributions in FLORIDA to date.
4. State or Country of Formation	
FL	
6. FEI Number	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
59-3421544	
7. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
8. Make check payable to: Dept. of State (See reverse side for fee information)	

9. Name and Address of Current Registered Agent	10. If changed, new Registered Agent/Office
PEEK, DAVID H 1609 GULF TOWER JACKSONVILLE FL 32207	Name Ronald D. Fairchild
	Street Address (P.O. Box Number is Not Acceptable) 1000 Riverside Ave.
	Suite, Apt. #, etc. Suite 500
	City Jacksonville FL Zip Code 32204

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) Ronald D. Fairchild DATE Apr. 17, '98

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)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/Document Number
EAGERTON, HILDA J	1528 BLAIR ROAD	JACKSONVILLE FL 32221	400002502774--5 -04/28/98--01060--004 ****158.25 ****158.25

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 Hilda J. Eagerton DATE April 7, 1998
 Typed or Printed Name of General Partner Signing Form Hilda J. Eagerton Daytime Telephone Number 904/388-0761

CR2E003 (6/97)