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

LIMITED PARTNERSHIP ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1. Name of Limited Partnership

1a. DOCUMENT # **A9700000458** 

DIVISION OF CORPORATIONS

98 JAN -2 AM 9: 11



2ip Country  2ip Country  8. Make check payable to: Dept. of State (See reverse side for fee Inform  9. Name and Address of Current Registered Agent  10. If changed, new Registered Agent/Office  Name  Caraldina G. Brown  Street Address (P.O. Bax Number is Not Acceptable)  South April 4, etc.  ### 200  City Act  FL Zip Code  City Act  City Act  Registered Agent of 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 are familiar with, and accept the Oxford Statutes.  #### 200  City Act  FL Zip Code  City Act	dasa blanca investors	LIMITED II, LTD.		21.1		
38. Date of Last Report  38. Date of Last Report  38. Date of Last Report  58. Amount of Capital Date of Country of Formation  F. Report Date of State Date of Capital Date of Last Report  59. Name and Address of Current Registered Agent  10. If Changed, new Registered Agent Date of State (See reverse side for tee Inform  10. If Changed, new Registered Agent Date of Tee Registered Agent Date of Last Report  58. Make check payable to Dept of State (See reverse side for tee Inform  10. If Changed, new Registered Agent Date of Tee Registered Agent Date of Capital	Mailing Address	CLARKSON COMPANY % THE CLARKSON COMPANY IVERSITY BLVD. SOUTH. SUITE 200 3100 UNIVERSITY BLVD. SOUTH. SUITE 200		02/21/1997	\$1,000.00	
2. Mailing Address  2. Principal Office Address  Sulle, Apt. #, etc.  Sulle, Apt. #, etc.  Sulle, Apt. #, etc.  City & State  City & State  Country  Zip  Zip  Zip  Zip  Zip  Zip  Zip  Zi	3100 UNIVERSITY BLVD. SOUTH. SUITE 200					
Sulte, Apt. #, etc.  Sulte, HOWARD L  200 WEST FORSYTH STREET  Sulte, HOWARD L  200 WEST FORSYTH STREET  Sulte, Apt. #, etc.  Sulte, Ap				4. State or Country of Formation	Contributions in FLORIDA to date:	
Sulfe, Apt. #, etc.    Sulfe, Apt. #, etc.	Z. Malling Address	<b>28.</b> Principal Office Address	28. Principal Office Address		\$1,000.00	
City & State  Country	Sulte, Apt. #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		Applied For	
Fee Required	City & State	City & State	City & State			
8. Name and Address of Current Registered Agent  10. If changed, new Registered Agent/Office  Name  Oute, HOWARD L 200 WEST FORSYTH STREET  SUTE 1100  JACKSONNILE FL 32202-4308  10. If changed, new Registered Agent/Office  Name  Outer Address (P.O. Bax Number is Not Acceptable)  Size Address (P.O. Bax Number is Not Acceptable)  Sure, p. It etc.  Sure,	7io Country	- 7in	Country	7. Certificate of Status Desired	\$8.75 Additional Fee Regulred	
DALE, HOWARD L 200 WEST FORSYTH STREET SUITE 1100  JACKSONMILE FL 32202-4308  To your provisions of sections 820-1051 and 620-192. Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statem 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 920-192. Florida Statutes.  SIGNATURE (Registered Agent Accepting Appointment)  AGENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITED AND ACTIVE WITH THIS OFFICE.  11. Name(s) of General Partner(s)  11a. Address of Each General Partner (bo NOT Use Post Office Box Numbers)  11b. City, State & Zip Code  11c. Registration DACKSONVILLE FL 32214  M71970  THE CLARKSON COMPANY  3100 UNIVERSITY BLVD.  JACKSONVILLE FL 32214  J69900	Zip County	ΣΙΡ	Country	8. Make check payable to: Dept. of	· · · · · · · · · · · · · · · · · · ·	
DALE, HOWARD L 200 WEST FORSYTH STREET SUTE 1100 JACKSONMILE FL 32202-4308  Total Pursuent to the provisions of sections 820 1001 and 620.192. Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statem 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). Thereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 820 192. Florida Statutes.  SIGNATURE (Registered Agent Accepting Appointment)  A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITED AND ACTIVE WITH THIS OFFICE.  11. Name(s) of General Partner(s)  11a. Address of Each General Partner (b) NOTU Use Post Office Box Numbers)  11b. City, State & Zip Code  11c. Registration Document Number  CAMVEST, INC.  3100 UNIVERSITY BLVD.  JACKSONVILLE FL 32214  J69900	9. Name and Address of Current Registered Agent			10. If changed, new Registered Agent/Office		
Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  Sure Address (P.O. Box Number is Not Acceptable)  Date  Sure Address (P.O. Box Number is Not Acceptable)  Date  Date			Name ()			
SUITE 1100  JACKSONVILLE FL 32202-4308  Total Discussion of sections 620.192. Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statem 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)  A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITED AND ACTIVE WITH THIS OFFICE.  11. Name(s) of General Partner(s)  11a. Address of Each General Partner (b) NOT Use Post Office Box Numbers)  11b. City, State & Zip Code  11c. Registration/Document Number  CAMVEST, INC.  3100 UNIVERSITY BLVD.  JACKSONVILLE FL 32214  J69900	·		Street Address (P.O. Box Number Is Not Acceptable)			
JACKSONMILE FL 32202-4308  The Clay of the provisions of sections 620.192. Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statem for the purpose of changing its registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). Thereby accept the appointment of registered agent. I am lamiliar with, and accept the obligations of section 620.192. Florida Statutes.  SIGNATURE (Registered Agent Accepting Appointment)  A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITED AND ACTIVE WITH THIS OFFICE.  11. Name(s) of General Partner(s)  11a. (Do NOT Use Post Office Box Numbers)  11b. City, State 8 Zip Code  11c. Registration/Document Number  CAMVEST, INC.  3100 UNIVERSITY BLVD.  JACKSONVILLE FL 32214  J69900  BOODD 24 D 6 29 6 - 11/21/8801031030			Suite, Apt, #, etc	niversity Blog. So	ain	
10a. Pursuant to the provisions of sections \$20.1051 and \$20.192. Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statem for the purpose of changing its registered agent, or bolli, 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)  A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTIT MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  11. Name(s) of General Partner(s)  11a. Address of Each General Partner (b) NOT Use Post Office Box Numbers)  11b. City, State & Zip Code  11c. Registration/ Document Number  CAMVEST, INC.  3100 UNIVERSITY BLVD.  JACKSONVILLE FL 32214  M71970  HE CLARKSON COMPANY  3100 UNIVERSITY BLVD.  JACKSONVILLE FL 32214  J69900			City Zip Code			
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A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITED 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  11b. City, State & Zip Code  11c. Registration/Document Number  11b. City, State & Zip Code  11c. Registration/Document Number  11b. ACKSONVILLE FL 32214  11c. Registration/Document Number  11c. Registration/Document Number  11d. Address of Each General Partner Document Number	for the purpose of changing its registered office	ce or registered agent, or both, in the State of Fi ations of section 620.192, Florida Statutes.	lorida. Such change w	as authorized by its general partner(s). I here		
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         CAMVEST, INC.       3100 UNIVERSITY BLVD.       JACKSONVILLE FL 32214       M71970         THE CLARKSON COMPANY       3100 UNIVERSITY BLVD.       JACKSONVILLE FL 32214       J69900	A GENERAL PARTNER TH	AT IS A CORPORATION,	LIMITED PA	ARTNERSHIP OR OTHE	R BUSINESS ENTITY	
CAMVEST, INC.  3100 UNIVERSITY BLVD.		144 (5 0	rol Dortoor		Registration/	
THE CLARKSON COMPANY 3100 UNIVERSITY BLVD. JACKSONVILLE FL 32214 J69900  800024062988 -01/21/8801031030	11. Name(s) of General Partner(s)			City, State & Zip Code		
8000024062988 -01/21/8801031030	CAMVEST, INC.	3100 UNIVERSITY BLVD.		JACKSONVILLE FL 32214	M71970	
8000024062988 -01/21/8801031030 ****697.50 ****156.29	THE CLARKSON COMPANY	3100 UNIVERSITY BLVD		JACKSONVILLE FL 32214	J69900	
				800002 -01/21 *****6	4062988 /8801031030 97.50 ****156.25	

Typed or Printed Name of General Partner Signing Form Potricia H. Clarkson, V.P. THE CLARKSON CO-Daytime Telephone Number 1-904-359-0015

Paturis H. Clark

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby pertify 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