

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. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 OCT 31 AM 10:51



1. Name of Limited Partnership **1a. DOCUMENT #**
A97000000584

PATTON-PITOCHELLI FAMILY LIMITED PARTNERSHIP

Mailing Address 4224 MORENA LANE JACKSONVILLE FL 32207		Principal Office Address C/O MARY P. PITOCHELLI 2827 FOREST MILL LANE JACKSONVILLE FL 32207		3. Date Formed or Registered 03/10/1997	5a. Capital Contributions as Shown on record S.A. filed 10-31-97 2,050,944
2. Mailing Address		2a. Principal Office Address		3a. Date of Last Report N/A	5b. Amount of Capital Contributions in FLORIDA to date: 2,050,944
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. State or Country of Formation FL	
City & State		City & State		6. FEI Number 59-3436126	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country	7. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
		32257		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	
PITOCHELLI, MARY P 2827 FOREST MILL LANE JACKSONVILLE FL 32257		Name	
		Street Address (P.O. Box Number Is Not Acceptable)	
		Suite, Apt. #, etc.	
		City	Zip Code
		FL	

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 _____

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
PATTON, MARY M	4224 MORENA LANE	JACKSONVILLE FL 32257-32207	100002338381--2 -11/05/97--01004--025 ****541.25 ****541.25
PITOCHELLI, MARY P	2827 FOREST MILL LANE	JACKSONVILLE FL 32257	

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 *X Mary P. Pitocchelli*

DATE 9 OCTOBER 1997

Typed or Printed Name of General Partner Signing Form MARY P. PITOCHELLI

Daytime Telephone Number 904-931-0808

CR2E003 (6/97)