

FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED <i>ll 11/13</i> 98 NOV 10 PM 1:33 SECRETARY OF STATE TALLAHASSEE FLORIDA 	
1. Name of Limited Partnership ADR INVESTMENTS, LTD.		1a. DOCUMENT # A97000001259			
Mailing Address 10650 HAVERFORD ROAD, SUITE 4 JACKSONVILLE FL 32218		Principal Office Address 10650 HAVERFORD ROAD, SUITE 4 JACKSONVILLE FL 32218		3. Date Formed or Registered 06/09/1997 5a. Capital Contributions as Shown on record. \$49,500.00	
2. Mailing Address Suite, Apt. #, etc. City & State Zip Country		2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country		3a. Date of Last Report 10/17/1997 4. State or Country of Formation FL 5b. Amount of Capital Contributions in FLORIDA to date: - 0 -	
6. FEI Number 59-3472317 AP-PLIED FOR		<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable 7. Certificate of Status Desired <input checked="" 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 COLEMAN, C. RANDOLPH 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		
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) AMERICAN DREAM REALTY OF JAX 1		11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 10650 HAVERFORD ROAD, JACKSONVILLE FL 32218		11b. City, State & Zip Code JACKSONVILLE FL 32218 0000002689630--2 -11/17/98--01064--019 *****150.00 *****150.00	
11c. Registration/Document Number J44635		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 820, Florida Statutes.					
SIGNATURE <i>Mark A. Drury</i> DATE <i>10/29/98</i> Typed or Printed Name of General Partner Signing Form <i>Mark A. Drury</i> <i>PRESIDENT of American Dream Realty of Jax, INC</i> Daytime Telephone Number <i>904-757-4700</i>					

CR2E003 (8/98)