

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 DEC 18 PM 1:32



1. Name of Limited Partnership	1a. DOCUMENT # A97000001350
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CRABTREE PROPERTIES, LTD.

Mailing Address % CRABTREE REAL ESTATE CORPORATION 4468 BEACON DRIVE-W. JACKSONVILLE FL 32225	Principal Office Address % CRABTREE REAL ESTATE CORPORATION 4468 BEACON DRIVE-W. JACKSONVILLE FL 32225	3. Date Formed or Registered 06/19/1997	5a. Capital Contributions as Shown on record. \$47,803.34
2. Mailing Address 6756 Ramoth Dr. Suite, Apt. #, etc.	2a. Principal Office Address 6756 Ramoth Dr. Suite, Apt. #, etc.	3a. Date of Last Report	5b. Amount of Capital Contributions in FL ORIDA to date: \$47,803.34
City & State Jax FL.	City & State Jax FL.	4. State or Country of Formation FL	6. FEI Number 59-3454807
Zip 32226	Zip 32226	7. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Country U.S.	Country U.S.	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 100002391141-1 -01/06/98-01062-006 Street Address (P.O. Box Number Is Not Acceptable) ****438.37 ****438.37 Suite, Apt. #, etc. City FL Zip Code
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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) CRABTREE REAL ESTATE CORPORA	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 4468 BEACON DRIVE-W. 6756 Ramoth Dr.	11b. City, State & Zip Code JACKSONVILLE FL 32225 32226	11c. Registration/ Document Number P97000054345
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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

William T. Crabtree

DATE

12/15/97

Typed or Printed Name of General Partner Signing Form

WILLIAM T. CRABTREE

Daytime Telephone Number

904-743-0826

CR2E003 (6/97)