

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 #
A97000001351

CRABTREE & CRABTREE PROPERTIES, LTD.



Mailing Address

Principal Office Address

% CRABTREE REAL ESTATE CORPORATION
4400 BEACON DRIVE, W.
JACKSONVILLE FL 32225

% CRABTREE REAL ESTATE CORPORATION
4400 BEACON DRIVE, W.
JACKSONVILLE FL 32225

3. Date Formed or Registered

06/19/1997

5a. Capital Contributions as Shown on record.

\$233,420.00

3a. Date of Last Report

5b. Amount of Capital Contributions in FLORIDA to date:

\$ 233,420.00

4. State or Country of Formation

FL

6. FEI Number

59-3454803

Applied For
 Not Applicable

7. Certificate of Status Desired

\$8.75 Additional Fee Required

8. Make check payable to: Dept. of State (See reverse side for fee information)

2. Mailing Address

6756 Ramoth Dr.
Suite, Apt. #, etc.

2a. Principal Office Address

6756 Ramoth Dr.
Suite, Apt. #, etc.

City & State

Jax FL

City & State

Jax FL

Zip

32226 U.S.

Zip

32226 U.S.

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) **7000002388847--5**

-01/05/98--01006--004

Suite, Apt. #, etc

*****541.25 ***541.25**

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)

CRABTREE REAL ESTATE CORPORA

11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)

4400 BEACON DRIVE, W
6756 Ramoth Dr.

11b. City, State & Zip Code

JACKSONVILLE FL 32225
32226

11c. Registration/Document Number

P97000054345

OR
12-24

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)