



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 98 JAN 29 AM 9:12	
1. Name of Limited Partnership JOHN PACE, LTD.		1a. DOCUMENT # A97000001559			
Mailing Address P.O. BOX 1615 PONTE VEDRA BEACH FL 32004		Principal Office Address P.O. BOX 1615 PONTE VEDRA BEACH FL 32004		3. Date Formed or Registered 07/16/1997	
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 4. State or Country of Formation FL	
				5a. Capital Contributions as Shown on record. \$35,000.00	
				5b. Amount of Capital Contributions in FLORIDA to date:	
				6. FEI Number 59-3486046	
				7. Certificate of Status Desired <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
				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 32258		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) *C. Randolph Coleman* DATE **12/19/97**

**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) CRAFT, JOHN KENNETH	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) P.O. BOX 1615	11b. City, State & Zip Code PONTE VEDRA BEACH FL	11c. Registration/Document Number 300002420633--3 -02/03/98--01104--011 ****348.25 ****348.25
---	---	--	---

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 *John K. Craft*

DATE **12-29-97**

Typed or Printed Name of General Partner Signing Form **JOHN K. CRAFT**

Daytime Telephone Number **904-285-4030**

CR2E003 (6/97)