


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

FILED

98 DEC 24 PM 2: 15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED PARTNERSHIP ANNUAL REPORT 1999			FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
1. Name of Limited Partnership THE WILLIAMS LIMITED PARTNERSHIP		1a. DOCUMENT # A97000001793 99-AR cm	
Mailing Address 6034 RICHARDS STREET JACKSONVILLE FL 32216	Principal Office Address 6034 RICHARDS STREET JACKSONVILLE FL 32216		
2. Mailing Address	2a. Principal Office Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State		
Zip	Country	Zip	Country



3. Date Formed or Registered 08/20/1997	5a. Capital Contributions as Shown on record. \$1,000,000.00
3a. Date of Last Report 04/02/1998	5b. Amount of Capital Contributions in FLORIDA to date: \$1,000,000.00
4. State or Country of Formation FL	
6. FEI Number 59-3465636	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
7. Certificate of Status Desired	<input 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 D.D. WILLIAMS, INC. 6034 RICHARDS STREET JACKSONVILLE FL 32216	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) 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) _____

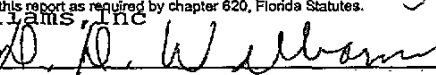
DATE _____

**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) D.D. WILLIAMS, INC.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 6034 RICHARDS STREET	11b. City, State & Zip Code JACKSONVILLE FL 32216	11c. Registration/ Document Number G56898
300002741073-- 4 -01/14/99-01017-007 *****526.25 *****526.25			

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.

D.D. Williams, Inc.
SIGNATURE BY 

DATE 12.22.98

Typed or Printed Name of General Partner Signing Form Donald D Williams, President Daytime Telephone Number 904-733-5194

CR2E003 (8/98)