

FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED PARTNERSHIP ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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1. Name of Limited Partnership LPA PROPERTIES, LTD.	1a. DOCUMENT # A97000002406
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97-AR
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Mailing Address 175 Valencia Drive Ormond Beach, FL 32176		Principal Office Address	3. Date Formed or Registered November 5, 1997	5a. Capital Contributions as Shown on record \$18,500
2. Mailing Address 175 Valencia Drive Suite, Apt. #, etc.	2a. Principal Office Address same Suite, Apt. #, etc.	3a. Date of Last Report	5b. Amount of Capital Contributions in FLORIDA to date: \$18,500.00	4. State or Country of Formation Florida
City & State Ormond Beach, FL	City & State	6. FEI Number 59-3476791	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Zip 32176	Country USA	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 Angela M. Stone 175 Valencia Avenue Ormond Beach, FL 32176	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.

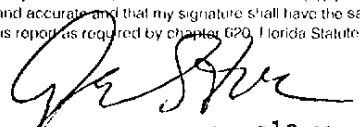
11. Name(s) of General Partner(s) Angela M. Stone	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 175 Valencia Drive	11b. City, State & Zip Code Ormond Beach, FL 32176	11c. Registration/Document Number n/a (individual)
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Note: 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



Typed or Printed Name of General Partner Signing Form

Angela M. Stone

DATE

11/18/97

Daytime Telephone Number

904-672-7067

CR25003 (6/97)