



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

LIMITED PARTNERSHIP ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED 98 DEC 24 PM 2:33 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
1. Name of Limited Partnership FLA #1781, LTD.		1a. DOCUMENT # A97000002759			
Mailing Address % RAMSEY DEVELOPMENT, INC. 6950 PHILLIPS HWY, SUITE 28 JACKSONVILLE FL 32216		Principal Office Address % RAMSEY DEVELOPMENT, INC. 6950 PHILLIPS HWY, SUITE 28 JACKSONVILLE FL 32216		3. Date Formed or Registered 12/16/1997 3a. Date of Last Report 12/22/1997 4. State or Country of Formation FL 5a. Capital Contributions as Shown on record. \$1,000.00 5b. Amount of Capital Contributions in FLORIDA to date: \$1,000.00 6. FEI Number 58-2358234 <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)	
2. Mailing Address Suite, Apt. #, etc. City & State Zip Country		2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country			

9. Name and Address of Current Registered Agent MICKLER, ROBERT O ESQ. ONE INDEPENDENT DRIVE JACKSONVILLE FL 32202		10. If changed, new Registered Agent/Office Name 6000002742956-6 Street Address (P.O. Box Number is Not Acceptable) 01/15/99-01007-005 Suite, Apt. #, etc. ***388.75 ***141.25 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) THE WILCOX GROUP, INC.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 4451 ATLANTA ROAD, SU 6950 Phillips Hwy, Suite 28	11b. City, State & Zip Code SMYRNA GA 30086-6556 Jacksonville, FL 32216	11c. Registration/Document Number P97000106253
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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

Keith B. Dermond

DATE

12/15/98

Typed or Printed Name of General Partner Signing Form

Keith B. Dermond (Wilcox Group)

Daytime Telephone Number

904-332-6900

CR2E003 (8/98)