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

1. Name of Limited Partnership

SIGNATURE _

1a. DOCUMENT #

DIVISION OF CORPORATIONS

98 JAN -2 AMII: 11

DATE DECEMBER 30, 1997

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DADMDAN MOATI DADMNEDC I		·		
BARTRAM TRAIL PARTNERS, L	ιν.		0/1/15	
Mailing Address	Principal Office Address	Principal Office Address		5a. Capital Contributions as Shown on record.
320 E. ADAMS STREET	320 E. ADAMS STREET		12/19/97	\$326,700.00
JACKSONVILLE, FL 32202	JACKSONVILLE, FL	32202	3a. Date of Last Report	
				5b. Amount of Capital Contributions in FLORIDA
2. Mailing Address	2a. Principal Office Address		4. State or Country of Formation	to date:
Suite, Apt. #, etc.	Suite Apt # etc	Suite Apt #, etc.		\$326,700.00
Oute, Apr. W. Sto.	Suite, Apr. W. etc.	Suite, Apr. #, etc.		Applied For ! Not Applicable
City & State	City & State		59-3482492 7. Certificate of Status Desired	\$8.75 Additional
Zip Country	Zip	Country		Fee Required State (See reverse side for lee information
			6. Make check payable to, Dept. or	2(9te (2ee reverse side to the intormation
9. Name and Address of Current Registered Agent		10. If changed, new Registered Agent/Office		
CARL D. DAWSON, JR. 320 E. ADAMS STREET		Name	FBox Number Is Not Acceptable).	
JACKSONVILLE, FL 32202	t dan Birling dan birling dipertual berandari Dipertual		God Number is not Acceptable);	THE STATE OF THE STATE OF
		Suite, Apt. #, etc.		
		City		FL Zip Code
10a. Pursuant to the provisions of sections 620 1051 for the purpose of changing its registered office agent. I am familiar with, and accept the obligation. SIGNATURE (Registered Agent Accepting Appointment) A GENERAL PARTNER THA	or registered agent, or both, in the State of Florions of section 620,192, Florida Statutes. T IS A CORPORATION, I	ed limited partnership or orida. Such change was	authorized by its general partner(s). I hore DATE RTNERSHIP OR OTHE	FL he State of Florida, submits this statement by accept the appointment of registered
for the purpose of changing its registered office agent. I am familiar with, and accept the obligated agent. I am familiar with, and accept the obligated SIGNATURE (Registered Agent Accepting Appointment). A GENERAL PARTNER THA	or registered agent, or both, in the State of Florions of section 620, 192, Florida Statutes. IT IS A CORPORATION, I ST BE REGISTERED AN	ed limited partnership or orida. Such change was LIMITED PAF	DATE RTNERSHIP OR OTHE VITH THIS OFFICE.	re State of Florida, submils this statement oby accept the appointment of registered
for the purpose of changing its registered office agent. I am familiar with, and accept the obligated agent. SIGNATURE (Registered Agent Accepting Appointment) A GENERAL PARTNER THA MU	or registered agent, or both, in the State of Florions of section 620, 192, Florida Statutes. IT IS A CORPORATION, I ST BE REGISTERED AN Address of Each Goneral (Do NOT Use Post Office Be	ed limited partnership or orida. Such change was LIMITED PAF D ACTIVE W at Partner ox Numbers) 11b	DATE RTNERSHIP OR OTHE VITH THIS OFFICE.	FL ne State of Florida, submits this statement aby accept the appointment of registered R BUSINESS ENTITY
for the purpose of changing its registered office agent. I am familiar with, and accept the obligated agent. I am familiar with, and accept the obligated SIGNATURE (Registered Agent Accepting Appointment). A GENERAL PARTNER THA MU. 11. Name(s) of General Partner(s)	or registered agent, or both, in the State of Florions of section 620, 192, Florida Statutes. IT IS A CORPORATION, I ST BE REGISTERED AN Address of Each Goneral (Do NOT Use Post Office Be	ed limited partnership or orida. Such change was LIMITED PAF D ACTIVE W at Partner ox Numbers) 11b	DATE RTNERSHIP OR OTHE VITH THIS OFFICE. City. State & Zip Code SONVILLE, FL 32202	PL The State of Florida, submits this statement State of Florida, submits thi
for the purpose of changing its registered office agent. I am familiar with, and accept the obligated SIGNATURE (Registered Agent Accepting Appointment) A GENERAL PARTNER THA MU 11. Name(s) of General Partner(s) SWITZERLAND HOLDING COMPA	or registered agent, or both, in the State of Florions of section 620, 192, Florida Statutes. IT IS A CORPORATION, I ST BE REGISTERED AN Address of Each Goneral (Do NOT Use Post Office Be	ed limited partnership or orida. Such change was bridge was bridge. Such change was bridge. LIMITED PAFID ACTIVE Wai Partner ox Numbers. 11b	DATE RTNERSHIP OR OTHE //TH THIS OFFICE. City. State & Zip Code SONVILLE, FL 32202	re State of Florida, submilis this statement oby accept the appointment of registered re

this annual report is true and accurate and that my signature shall have the same local effects as if made under oath. I further certify that I am a General Pariner of the limited partnership, receiver or trustee empowered to expecte the expected by chapter 620. Florida Statutes.