


FILE ON OR BEFORE APRIL 8, 1998 TO AVOID
REVOCATION AND \$500 PENALTY FEE

FILED

98 FEB -5 PM 3:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



LIMITED PARTNERSHIP ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
1. Name of Limited Partnership PEACHBLOW PARTNERS, LTD.		1a. DOCUMENT # A97000002906	
Mailing Address 202 NORTH CALHOUN QUINCY FL 32351		Principal Office Address 202 NORTH CALHOUN QUINCY FL 32351	
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 12/30/1997	
		3a. Date of Last Report N/A	
		4. State or Country of Formation FL	
		5a. Capital Contributions as Shown on record. \$9,000,000.00	
		5b. Amount of Capital Contributions in FLORIDA to date: 9,000,000.00	
		6. FEI Number 59-3486387 <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		10. If changed, new Registered Agent/Office	
HIGDON, JOHN B 202 NORTH CALHOUN QUINCY FL 32351		Name Street Address (P.O. Box Number is not allowed) Suite, Apt. #, etc. City	
		202 NORTH CALHOUN QUINCY FL 32351 FL	

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)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/ Document Number
HIGDON, JOHN B	202 NORTH CALHOUN	QUINCY FL 32351	
437.50 88.75 dec			

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 B. Higdon* DATE 2-3-98

Typed or Printed Name of General Partner Signing Form JOHN B. HIGDON Daytime Telephone Number 850-875-3951

CR2E003 (12/97)