1000 000	PLEASE READ A	ALL INSTRUCT	IONS BEFOR	F COMPLET	ING THIS FO	192 RM .	
112		FLORIDA DEPARTMENT OF STA Katherine Harris Secretary of State DIVISION OF CORPORATIONS			FILED O I MAR - 7 AM IO: 38 SECRETARY OF STATE		
DOCUMENT 1. Name of Limited Part	tnership	0601 mership, Limit	ed		TALLAHASSE	E, FLORIDA	
	^{ess} nfinnan Drive	3. Mailing Office Address 2342 Glenfinnan Drive		To Do Bus	4. Date Formed or Registered To Do Business in Florida 03/02/1998		
Suite, Apt. #, etc. City & State Orange Park, FL		City & State Orange Park; FL		6.	5. FEI Number 58-2393249 Applied For Not Applicable 6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status.		
Zip 32073	Country U.S.A.	Zip 32073	Country U.S.A.		Contributions as shown or of Capital Contributions in	\$300.00	
8. Name and Address of Current Registers Name Kenneth E. Smallwood Street Address (P.O. Box Number is Not Acceptable). 2342 Glenfinnan Drive Suite, Apt. #, Etc. City Orange Park			Zip Code 32073	FEES: 1.) Filing Fee(s): Computed at a rate of \$7 per \$1,000 on amount entered in 7b, with a minimum filing fee of \$52.50 and a maximum of \$437.50, for each year due this office. 2.) Supplemental Fee(s): \$88.75 for each year due this office, beginning with 1992 calendar year. 3.) Penalty Fee(s): \$500 penalty fee for each year report form is delinquent. Note: If the amount entered in 7b is greater than amount entered in 7a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.			
for the purpose of char agent. I am familiar with SIGNATURE (Registered Ag	ons of sections 620.1051 and 620. nging its registered office or register, and accept the obligations of segent Accepting Appointment)	ered agent, or both, in the Sta ction 620,192, Florida Statute	te of Florida. 90th change v	vas authorized by its gene	ral partner(s). I hereby acce	of Florida, submits this statement apt the appointment of registered 2 727-0 BUSINESS ENTITY	
A GENERAL 10. Name(s) of G		BE REGISTERI Address of Eac	ED AND ACTIV th General Part/er Office Box Numbers)	E WITH THIS	OFFICE.	. Registration Document Number	
	V. Horne	2342 Glenf	innan Ør.	Orange Pa	rk, FL 3207	3	
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Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

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)(i), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) 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 phapter 620, Florida Statutes. **SIGNATURE**

Typed or Printed Name of General Partner Signing Form