

FILE ON OR BEFORE APRIL 7, 1999 TO AVOID
REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1999	 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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FILED

99 MAR -5 AM 11:23

SECRETARY OF STATE



1. Name of Limited Partnership HERITAGE III, LTD.	1a. DOCUMENT # A98000000690
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Mailing Address 804 QUEENS HARBOUR BLVD JACKSONVILLE FL 32225	Principal Office Address 804 QUEENS HARBOUR BLVD JACKSONVILLE FL 32225
2. Mailing Address 13171 ATLANTIC BLVD. Suite, Apt. #, etc. SUITE 100 City & State JACKSONVILLE, FL Zip 32225 Country	2a. Principal Office Address 13171 ATLANTIC BLVD. Suite, Apt. #, etc. SUITE 100 City & State JACKSONVILLE, FL Zip 32225 Country

3. Date Formed or Registered 03/13/1998	5a. Capital Contributions as Shown on record \$15,000.00
3a. Date of Last Report	5b. Amount of Capital Contributions in FLORIDA to date
4. State or Country of Formation FL	6. FEI Number 59-3505652 <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 REGISTER, WILLIAM P SR 804 QUEENS HARBOUR BLVD JACKSONVILLE FL 32225	10. If changed, new Registered Agent/Office Name WILLIAM P. REGISTER, JR. Street Address (P.O. Box Number Is Not Acceptable) 13171 ATLANTIC BLVD. Suite, Apt. #, etc. SUITE 100 City JACKSONVILLE, FL Zip Code 32225
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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) William P. Register, Jr. DATE 3/3/99
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) SKEETIE K., INC.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 101 CHARLOIS BLVD., S	11b. City, State & Zip Code WINSTON SALEM NC 2710	11c. Registration/Document Number F97000000517
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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 William P. Register DATE 3/3/99
Typed or Printed Name of General Partner Signing Form WILLIAM P. REGISTER Daytime Telephone Number 904-221-9660

CR2E003 (12/98)