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SECRÉTARY OF STATE TALLAHASSEE, FLORIDA

PA IN RELIGIA EMILIT FLORIDA DEPARTMENT OF STATE

FLORIDA DEPARTMENT OF ST

DOCUMENT#

A98000001403

1. Name of Limited Partnership

POWERS DRIVE PARTNERS, LTD.

					<u> </u>	
2. Principal Office Address 259 Rippling Lane		3. Mailing Office Address 259 Rippline		4. Date Formed or Registered To Do Business in Florida	06/05/1998	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 59-3524861	Applied For Not Applicable	
City & State Winter Park, FL		City & State Winter Park	, FL	CERTIFICATE OF STATUS DESIR	!	
Zip 32789	Country Orange	Zip 32789	Country Orange	7a. Capital Contributions as shown on Record: 7b. Amount of Capital Contributions in FLORIDA to date:		
	8. Name and Addre	ess of Current Registered Age	nt	\$1,000.00	}	
Name DeAnn	e W. Hutchison			1.) Filing Fee(s): Computed at a rate	e of \$7 per \$1,000 on amount entered	
Street Address (P.O. Box Number is Not Acceptable) 259 Rippling Lane			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			
Suite, Apt. #, Etc.				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		
City Winte	r Park, FL 327	89 State	Zip Code 32789	7a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.		
0 -		of COD 100 Florida Statutes the observe	a second limited and persons	erappited or registered upder the laws of the S	tate of Florida, submits this statement	

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, am familiar with, and accept the description of the provisions of the State of Florida Statutes.

Dearne Dulens

DATE 6-27-0

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.							
10. Name(s) of General Partner(s)	Address of Each General Partner (Do NOT Use Post Office Box Numbers)	City, State and Zip Code	10a. Registration Document Number				
Jamieson Realty Services, Inc. (formerly known as Atlantic Realty Services, Inc.)	222 West Comstock Ave. Suite 221 1,230.00 - Adm 52.50 - 49 8.75 - CERT	-06/29/0 ***129/1	P97000012952 511530 101015004 25 ***1291.25				
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Now: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

11. I do nereby certify that the information supplied with this filling 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 chapter 620. Florida Statutes.

SIGNATURE

DeAnne W. Hutchison, Vice President

DATE 6-27-01

CB2E039/11/99