

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
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 NOV 26 PM 4:11



1. Name of Limited Partnership	1a. DOCUMENT # B93000000199
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2. Mailing Address	2a. Principal Office Address	3. Date Formed or Registered	5a. Capital Contributions as Shown on record
2750 OLD ST. AUGUSTINE RD. TALLAHASSEE FL 32301	2750 OLD ST. AUGUSTINE RD. TALLAHASSEE FL 32301	05/04/1993	\$990.00
Suite, Apt. #, etc.	Suite, Apt. #, etc.	3a. Date of Last Report	5b. Amount of Capital Contributions in FLORIDA to date
City & State	City & State	10/02/1996	
Zip	Country	4. State or Country of Formation	
		AL	
		6. FEI Number	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
		63-1092201	
		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
THAMES, WILLIAM G JR. 2750 OLD ST. AUGUSTINE ROAD TALLAHASSEE FL 32301

10. If changed, new Registered Agent/Office
Name
Street Address (P.O. Box Number Not Allowed)
Suite, Apt. #, etc.
City
Zip Code

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
ARBOR PROPERTIES, INC.	2750 OLD ST. AUGUSTINE	TALLAHASSEE FL 32301	P31581

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 a General Partner of the limited partnership.

SIGNATURE *X* _____ DATE 11/19/97
 Typed or Printed Name of General Partner Signing Form William Gordon Thames, JR. Daytime Telephone Number 850-656-7667

CR2E003 (6/97)