

**FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra Morham Secretary of State DIVISION OF CORPORATIONS
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 OCT 18 AM 11: 59



1. Name of Limited Partnership	1a. DOCUMENT # B93000000412
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FCD-FLEMING ISLAND LIMITED PARTNERSHIP

Mailing Address 121 WEST TRADE ST. ATTN: LEGAL DEPT., 1900 INTERSTATE TOWER CHARLOTTE NC 28202-5399	Principal Office Address 121 WEST TRADE ST. ATTN: LEGAL DEPT., 1900 INTERSTATE TOWER CHARLOTTE NC 28202-5399
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 09/22/1993	5a. Capital Contributions as Shown on record \$60.00
3a. Date of Last Report 10/02/1995	5b. Amount of Capital Contributions in FL ORIDA to date \$60.
4. State or Country of Formation NC	6. FEI Number 56-1860155 <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

JOYCE, JOHN M
225 EAST ROBINSON ST.
SUITE 500
ORLANDO FL 32801

10. If changed, new Registered Agent/Office

Name _____
Street Address (P.O. Box Number Is Not Acceptable) _____
Suite, Apt #, etc. _____
City _____ State **FL** 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
FAISON CAPITAL DEVELOPMENT,	121 WEST TRADE ST., 1	CHARLOTTE NC 28202	F9200000164
400001985654--7 -10/25/96--01029--022 ****191.25 ****191.25			

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  ASSISTANT SECRETARY
Elizabeth M. Speed

DATE **10-12-96**
Daytime Telephone Number **704-331 2500**

CR2E003 (6/96)