

**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 OCT -1 AM 8:51



1. Name of Limited Partnership	1a. DOCUMENT # B95000000184
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FCD-BONITA BAY PLAZA LIMITED PARTNERSHIP

Mailing Address 121 WEST TRADE ST. 1800 INTERSTATE TOWER, ATTN: LEGAL DEPT. CHARLOTTE NC 28202-5399		Principal Office Address C/O JOHN M. JOYCE 225 E. ROBINSON ST., STE. 500 ORLANDO FL 32801		3. Date Formed or Registered 05/25/1995	5a. Capital Contributions as Shown on record. \$100.00
2. Mailing Address		2a. Principal Office Address		3a. Date of Last Report 10/18/1996	5b. Amount of Capital Contributions in FLORIDA to date: 100.
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. State or Country of Formation NC	
City & State		City & State		6. FEI Number 56-1941405	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country	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 E. ROBINSON ST. SUITE 500 ORLANDO FL 32801	10. If changed, now Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City <div style="text-align: right;">FL Zip Code</div>
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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) _____


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.	CHARLOTTE NC 28202	F92000000164
<div style="text-align: right;"> 100002311351--6 -10/03/97-01077-016 ****156.25****156.25 10 </div>			

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 9/29/97 Daytime Telephone Number 704 331 2500
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CR2E003 (6/97)