

**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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 DEC -1 PM 1:00



1. Name of Limited Partnership **1a. DOCUMENT #**
B96000000264

PENSACOLA SQUARE, LIMITED PARTNERSHIP

Mailing Address 111 EAST WAYNE STREET, SUITE 500 FORT WAYNE IN 46802		Principal Office Address 111 EAST WAYNE STREET, SUITE 500 FORT WAYNE IN 46802		3. Date Formed or Registered 07/11/1996	5a. Capital Contributions as Shown on record. \$990.00
2. Mailing Address		2a. Principal Office Address		3a. Date of Last Report 12/24/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. State or Country of Formation IN	5b. Amount of Capital Contributions in FLORIDA to date ⊖
City & State		City & State		6. FEI Number 35-1988542	
Zip		Country		7. Certificate of Status Desired <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	\$8.75 Additional Fee Required
Zip		Country		8. Make check payable to: Dept. of State (See reverse side for fee information)	

9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City 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) EQUITY INVESTMENT CORP.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 111 EAST WAYNE STREET	11b. City, State & Zip Code FORT WAYNE IN 46802	11c. Registration/Document Number F93000003403
<p>600002367606--1 -12/10/97--01006--010 ****156.25 ****156.25</p> <p>KWM</p>			

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 _____

DATE 11/5/97

Typed or Printed Name of General Partner Signing Form

Todd M. Jacobs

Daytime Telephone Number

219 426-4704

CR2E003 (6/97)