

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

98 JAN -5 PM 12:18



1. Name of Limited Partnership JOSHUA W. LIMITED PARTNERSHIP	1a. DOCUMENT # B97000000052
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Mailing Address C/O MY FAMILY, INC. 101 CHARLOIS BLVD., SUITE 102 WINSTON-SALEM NC 27103	Principal Office Address THE CORPORATION TRUST COMPANY 1209 ORANGE ST., THE CORP. TRUST CENTER WILMINGTON DE 19801
2. Mailing Address Suite, Apt. #, etc. City & State Zip Country	2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country

3. Date Formed or Registered 01/30/1997	5a. Capital Contributions as Shown on record. \$7,950,000.00
3a. Date of Last Report N/A	5b. Amount of Capital Contributions in FLORIDA to date: \$ 7,950,000.00
4. State or Country of Formation DE	6. FEI Number 59-3399376
7. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
8. Make check payable to: Dept. of State (See reverse side for fee information)	

9. Name and Address of Current Registered Agent REGISTER, WILLIAM P 804 QUEENS HARBOUR BLVD. JACKSONVILLE FL 32225	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code
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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) SKEETIE K, INC.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 101 CHARLOIS BLVD., S	11b. City, State & Zip Code WINSTON-SALEM NC 2710	11c. Registration/Document Number F97000000517
437.50 103.75 dec 300002412463--5 -01/27/98--01009--005 *****541.25 *****541.25			

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 William P. Register, Sr. DATE 12-30-97
 President SKEETIE K, INC.
 Typed or Printed Name of General Partner Signing Form By: William P. Register, Sr. Daytime Telephone Number 904-220-2227

CR2E003 (6/97)