FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT

1999



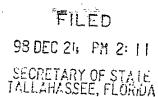
FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partnership

DOCUMENT# B9700000052



| ISHIP Qa-A | RM | | | | |
|---|--|--|---|---|---|
| Principal Office Address | | | 3. Date Formed or Registered | 5a. Capital Contributions as Shown on record. | |
| THE CORPORATION TRUST COMPANY 1209 ORANGE ST., THE CORP. TRUST CENTER WILMINGTON DE 19901 | | R | 01/30/1997 3a. Date of Last Report 01/05/1998 | \$7,950,000.00 5b. Amount of Capital Contributions in FLORIDA to date: \$7,950,000.00 | |
| 2a. Principal Office Address | | | 4. State or Country of Formation DE | | |
| Suite, Apt. #, etc. | | | 6. FEI Number 59-3399376 | · | Applied For Not Applicable |
| | | | 7. Certificate of Status Desired | | \$8.75 Additional Fee Required |
| | | | 8. Make check payable to: Dapt. of State (See reverse side for fee information) | | |
| 9. Name and Address of Current Registered Agent | | | 10. If changed, new Registered Agent/Office | | |
| REGISTER, WILLIAM P 804 QUEENS HARBOUR BLVD. JACKSONVILLE FL 32225 | | Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City ******526 FL ******526 25 | | | |
| istered agent, or both, in the State of Floric | | | | | |
| A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. | | | | | |
| 11a. Address of Each General | Partner x Numbers) | 11b. | City, State & Zip Code | 11c. | Registration/ Document Number |
| 101 CHARLOIS BLVD., S | | WINSTON-SALEM NC 2710 | | F9700000517 | |
| | Principal Office Address THE CORPORATION TRUST COMI 1209 ORANGE ST., THE CORP. T WILMINGTON DE 19901 2a. Principal Office Address Sulte, Apt. #, etc. City & State Zip registered Agent S20.192, Florida Statutes, the above-nameristered agent, or both, in the State of Florid f section 620.192, Florida Statutes. S A CORPORATION, L BE REGISTERED AN Address of Each General 11a. (Do NOT Use Post Office Bo | Principal Office Address THE CORPORATION TRUST COMPANY 1209 ORANGE ST., THE CORP. TRUST CENTE WILMINGTON DE 19901 2a. Principal Office Address Sulte, Apt. #, etc. City & State Zip Country egistered Agent Name Street Address Suite, Apt. #, city, | Principal Office Address THE CORPORATION TRUST COMPANY 1209 ORANGE ST THE CORP. TRUST CENTER WILMINGTON DE 19801 2a. Principal Office Address Sulte, Apt. #, etc. City & State Zip Country egistered Agent Name Street Address (P.O. Bo Suite, Apt. #, etc. City S20.192, Florida Statutes, the above-named limited partnership organistered agent, or both, in the State of Florida. Such change was author f section 620.192, Florida Statutes. SA CORPORATION, LIMITED PART BE REGISTERED AND ACTIVE WIT 11a. (DO NOT Use Post Office Box Numbers) 11b. | Principal Office Address THE CORPORATION TRUST COMPANY 1209 ORANGE ST., THE CORP. TRUST CENTER WILMINGTON DE 19801 2a. Principal Office Address DE Suite, Apt. #, etc. City & State Zip Country Country 10. If changed, new Registered Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City Suite, Apt. #, etc. City Suite, Apt. #, etc. City Address of Florida. Such change was authorized by its general partner(s). I hereby section 620.192, Florida Statutes. SA CORPORATION, LIMITED PARTNERSHIP OR OTHEL BE REGISTERED AND ACTIVE WITH THIS OFFICE. 11a. (Do NOT Use Post Office Box Numbers) 11b. City, State & Zip Code | Principal Office Address THE CORPORATION TRUST COMPANY 1209 ORANGE ST., THE CORP. TRUST CENTER WILMINGTON DE 19901 2a. Principal Office Address DE 4. State or Country of Formation DE 5b. Amo 1/05/1998 5c. FEI Number 59-3399376 7. Certificate of Status Desired The charged, new Registered Agent/Office Registered Agent 10. If changed, new Registered Agent/Office Registered Agent 10. If changed, new Registered Agent/Office Suite, Apt. #, etc. City & State 10. If changed, new Registered Agent/Office Suite, Apt. #, etc. City Suite, Apt. #, etc. DATE SA CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSI BE REGISTERED AND ACTIVE WITH THIS OFFICE. 11a. Open Not Use Post Office Box Numbers 11b. City, State & Zip Code 11c. |

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 filling 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

SIGNATURE BY

Typed or Printed Name of General Partner Signing Form <u>SKEETIE</u>

Daytime Telephone Number_

(336)