

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
 Jul 16 1998 8:00am
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F95000000520 (5)
 1. Corporation Name
LS3P ASSOCIATES LTD. CORPORATION



Principal Place of Business 24 NORTH MARKET ST CHARLESTON SC 29401	Mailing Address 24 NORTH MARKET ST CHARLESTON SC 29401
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/31/1995	
21 Suite, Apt. #, etc.	22 City & State	26 Suite, Apt. #, etc.	27 City & State	4. FEI Number 57-0475651	Applied For <input type="checkbox"/> Not Applicable
23 Zip	25 Country	29 Zip	30 Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	FL 85 Zip Code
11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation 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 the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.					

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	COBD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUCAS, FRANK E FAIA	1.2 NAME	
STREET ADDRESS	24 NORTH MARKET STREET, SUITE 300	1.3 STREET ADDRESS	
CITY-ST-ZIP	CHARLESTON SC 29401	1.4 CITY-ST-ZIP	
TITLE	PTD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PENNEY, THOMPSON E FAIA	2.2 NAME	
STREET ADDRESS	24 NORTH MARKET STREET, SUITE 300	2.3 STREET ADDRESS	
CITY-ST-ZIP	CHARLESTON SC 29401	2.4 CITY-ST-ZIP	
TITLE	ESD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PASCULLIS, VITO R AIA	3.2 NAME	
STREET ADDRESS	24 NORTH MARKET STREET, SUITE 300	3.3 STREET ADDRESS	
CITY-ST-ZIP	CHARLESTON SC 29401	3.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POWELL, RICHARD L AIA	4.2 NAME	
STREET ADDRESS	24 NORTH MARKET STREET, SUITE 300	4.3 STREET ADDRESS	
CITY-ST-ZIP	CHARLESTON SC 29401	4.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AICHELE, ERIC C AIA	5.2 NAME	
STREET ADDRESS	24 NORTH MARKET STREET, SUITE 300	5.3 STREET ADDRESS	
CITY-ST-ZIP	CHARLESTON SC 29401	5.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAKER, MARK L ASLA	6.2 NAME	
STREET ADDRESS	24 NORTH MARKET STREET, SUITE 300	6.3 STREET ADDRESS	
CITY-ST-ZIP	CHARLESTON SC 29401	6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate; and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if checked on an attachment with an address.

SIGNATURE:

[Handwritten Signature]

[Handwritten Signature]

CR2E034 (5/98)