

**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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

98 DEC 22 AM 9:02 1/6  
umtn

1. Name of Limited Partnership

1a. DOCUMENT #  
A08713

SOUTH WIND, LTD.



Mailing Address

Principal Office Address

C/O FLORIDA MANAGEMENT ASSOCIATES, INC.  
P.O. DRAWER 610  
MONTICELLO FL 32344-0610

4401 LAKESIDE DR. #202  
JACKSONVILLE FL 32210

3. Date Formed or Registered

03/20/1980

5a. Capital Contributions as Shown on record.

\$100.00

3a. Date of Last Report

11/12/1997

5b. Amount of Capital Contributions in FLORIDA to date:

4. State or Country of Formation

FL

Applied For  
 Not Applicable

2. Mailing Address

2a. Principal Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

6. FEI Number

59-2080630

7. Certificate of Status Desired

\$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

10. If changed, new Registered Agent/Office

BRYANT, FARRIS  
4401 LAKESIDE DR. #202  
JACKSONVILLE FL 32210

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)

11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)

11b. City, State & Zip Code

11c. Registration/Document Number

BRYANT, C.FARRIS

4401 LAKESIDE DR. #20

JACKSONVILLE FL

BRYANT, JULIA B.

4401 LAKESIDE DR. #20

JACKSONVILLE FL

400002738624--8  
-01/12/98--01087-002  
\*\*\*150.00 \*\*\*150.00

CR2E003 (8/98)

**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

*Farris Bryant*

DATE

12/18/98

Typed or Printed Name of General Partner Signing Form

FARRIS BRYANT

Daytime Telephone Number

904-384-4705