

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**

97 SEP 17 AM 9:44



1. Name of Limited Partnership : :	1a. DOCUMENT # A19245
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THE PHILLIES, LIMITED PARTNERSHIP

Mailing Address VETERANS STADIUM BROAD ST. & PATTISON AVE. PHILADELPHIA PA 19148	Principal Office Address VETERANS STADIUM BROAD ST. & PATTISON AVE. PHILADELPHIA PA 19148	3. Date Formed or Registered 02/27/1985	5a. Capital Contributions as Shown on record. \$25,000.00
		3a. Date of Last Report 09/23/1996	5b. Amount of Capital Contributions in FLORIDA to date:
		4. State or Country of Formation PA	
2. Mailing Address Suite, Apt. #, etc. City & State Zip Country	2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country	6. FEI Number 23-2186951	☐ Applied For ☐ Not Applicable
		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 TIMBERLAKE, JOHN JACK RUSSELL STADIUM 800 PHILLIES DRIVE CLEARWATER FL 33515	10. If changed, new Registered Agent/Office Name 100002296281--4 Street Address (P.O. Box Number Is Not Acceptable) 09/17/97 01123-010 Suite, Apt. #, etc. ****278.75 ****278.75 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) GILES, WILLIAM Y <i>Montgomery, David P.</i> <i>Amendment filed</i> <i>9-17-97</i>	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 1755 CEDAR LANE, N. <i>8525 Ardmore Ave.</i>	11b. City, State & Zip Code VILLANOVA PA 19085 <i>Wyndmoor, PA 19038</i>	11c. Registration/Document Number <i>OK</i> <i>9-17</i>
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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 _____

Typed or Printed Name of General Partner Signing Form _____

William Y. GILES

Daytime Telephone Number _____

215-463-6000

CR2E003 (6/97)