FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND $500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT

1997

FLORIDA DEPARTMENT OF STATE
Sandra Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

96 SEP 23 AM 11:43

1. Name of Limited Partnership

1a. DOCUMENT # A28292

CROWN DEVELOPMENT GROUP - SOUTHSIDE, LTD.

Mailing Address	Principal Office Address
3740 ST JOHNS BLUFF ROAD STE 10 JACKSONVILLE FL 32224	3740 ST JOHNS BLUFF ROAD STE 10 JACKSONVILLE FL 32224

2. Mailing Address 3740 St. Johns Bluff Road	**2a.** Principal Office Address 3740 St. Johns Bluff Road
Suite, Apt. #, etc. Suite 4	Suite, Apt. #, etc. Suite 4
City & State Jacksonville, FL	City & State Jacksonville, FL
Zip: 32224 Country: USA	Zip: 32224 Country: USA

3. Date Formed or Registered: 05/04/1989

3a. Date of Last Report: 10/03/1995

4. State or Country of Formation: FL

5a. Capital Contributions as Shown on record: $60.00

5b. Amount of Capital Contributions in FLORIDA to date: $60.00

6. FEI Number: 75-2253149 ☐ 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

FORD , ROBERT A., MR.
3030 HARTLEY ROAD
SUITE 200
JACKSONVILLE FL 32257

10. If changed, new Registered Agent/Office

Name: 500001957505
08/26/96-01023-003
****191.25 ****191.25

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
ALBERT J. TOOLE, III	1301 Riverplace Blvd., Suite 2130	JACKSONVILLE FL	QR 9-25
KENNETH R. HELTON	7219 BLUDFIELD DR	DALLAS TX	
THE KIRCHER COMPANY	10001 LINN STATION RD	LOUISVILLE KY	F93000000726

CR2E003 (6/96)

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 J. Kircher DATE 9/17/96

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number (904) 646-5752