FILE ON OR BEFORE APRIL 7, 1999 TO AVOID REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1999



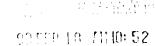
FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partnership

DOCUMENT # A98000001000

MACCORMICK PROPERTIES I TO



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Principal Office Address P.O. BOX 4550 JACKSONVILLE FL 32201 Principal Office Address //ACKSONVILLE FL 32201 //ACKSONVILLE FL 32201			3. Date Formed or Registered 04/23/1998	5a. Capital Contributions as Shown on record				
2. Mailing Address	2a. Principal Office Address		3a. Date of Last Report 4. State or Country of Formation	5b. Amount of Capital Contributions in FLORIDA to date				
Suite, Apt. #, etc.	318 San Juan Dri Suite, Apt. #, etc.	318 San Juan Drive Suite, Apt. #, etc.		Applied For				
City & State	City & State Ponte Vedra Beach	n, Florida	59-3511662 7. Certificate of Status Desired	Not Applicable \$8.75 Additional Fee Required				
Zip Country	^{Zip} 32082	Country USA	Fee Required 8. Make check payable to Dept of State (See reverse side for fee information					
9. Name and Address of Curr	rent Registered Agent		10. If changed, new Registered A	Agent/Office				
HELYNIG/ PATRICIA			Frank J. Yong Streel Address (P.O. Box Number Is Nol Acceptable)					
		Suite, Apt #, etc						
10a. Pursuant to the provisions of sections 620.1051 for the purpose of changing its registered office agent. I am familiar with, and accept the obligations SIGNATURE (Registered Agent Accepting Appointment).	or registered agent, or both, in the Stale of F ions of section 620 192, Florida Stalutes	Yory	authorized by its general partner(s). I hereb	y accept the appointment of registered 2/8/99				
A GENERAL PARTNER THA			VITH THIS OFFICE.	,				
11. Name(s) of General Partner(s)	11a. (Oo NOT Use Post Office	Box Numbers) 11L	City, State 8 Zip Code	11c. Registration/ Document Number				
JEAN H. MCCORMICK, INC.	1050 RIVERSIDE AVENUE		JACKSONVILLE FL 32201	P98000023467				
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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 lability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempl 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 Dean H. Mc Cornects

DATE 14 86- 99

Typed or Printed Name of General Partner Signing Form

Daylime Telephone Number