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

99 FEB 18 AM 10:52

1. Name of Limited Partnership

1a. DOCUMENT # A98000001000

MCCORMICK PROPERTIES, LTD.

Mailing Address
P.O. BOX 4550
JACKSONVILLE FL 32201

Principal Office Address
~~1050 RIVERSIDE AVENUE~~
~~JACKSONVILLE FL 32201~~

3. Date Formed or Registered: 04/23/1998

3a. Date of Last Report

5a. Capital Contributions as Shown on record: $11,000,000.00

5b. Amount of Capital Contributions in FLORIDA to date

4. State or Country of Formation: FL

2. Mailing Address

Suite, Apt. #, etc.

City & State

Zip | Country

2a. Principal Office Address: 318 San Juan Drive

Suite, Apt. #, etc.

City & State: Ponte Vedra Beach, Florida

Zip: 32082 Country: USA

6. FEI Number: 59-3511662 ☐ 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

~~HELWIG PATRICIA~~
318 SAN JUAN DRIVE
PONTE VEDRA BEACH FL 32082

10. If changed, new Registered Agent/Office

Name: Frank J. Yong

Street Address (P.O. Box Number Is Not Acceptable)

Suite, Apt #, etc

City: FL

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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) *Frank J Yong* DATE 2/8/99

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
JEAN H. MCCORMICK, INC.	1050 RIVERSIDE AVENUE	JACKSONVILLE FL 32201	P98000023467

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 *Jean H. McCormick* DATE *16 Feb-99*

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

CR2E003 (12/98)

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