

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
97 JAN -2 PM 12:38



1. Name of Limited Partnership

1a DOCUMENT #
A03039

SPRINGFIELD RESIDENTIAL ONE LIMITED

Mailing Address
**4000 B ST. JOHNS AVE.
STE 22
JACKSONVILLE FL 32205**

Principal Office Address
**4000 B ST. JOHNS AVE.
STE 22
JACKSONVILLE FL 32205**

3. Date Formed or Registered
08/04/1972

5a. Capital Contributions as
Shown on record
\$125,000.00

3a. **12/14/1995** Report

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

2. Mailing Address

2a. Principal Office Address

4. State or Country of Formation
FL

Suite, Apt. #, etc.

Suite, Apt. #, etc.

6. **59-1425197**

☐ Applied For
☐ Not Applicable

City & State

City & State

7. Certificate of Status Desired

☐ **\$8.75** Additional
Fee Required

Zip

Country

Zip

Country

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

**CRAVEY, JERRY R.
4000 B ST. JOHNS AVE.
STE 22
JACKSONVILLE FL 32205**

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

WALTON, WILLIAM H., JR.

3811 MCGIRTS BLVD.

JACKSONVILLE FL

WEED, JOSEPH D., JR.

4334 MCGIRTS BLVD.

JACKSONVILLE FL

CONRAD, JOSEPH E.

7377 HALLCREAST DRIVE

MCLEAN VA

WALTON WEED CONRAD & ASS

1199 EDGEWOOD AVE SO

JACKSONVILLE FL

379127

100002057791--1
-01/14/97--01166--006
******576.25 ****576.25**

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

Daytime Telephone Number