FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE



| LIMITED PARTNERSHIP ANNUAL REPORT | | FLORIDA DEPARTMEN Sandra B. Mor | tham | SECRET | THILED TARY OF STATE OF CORPORATIONS |
|---|---|---|---|---|---|
| 1998 | | Secretary of St DIVISION OF CORPC | | DIVISION | OF CORPORATIONS |
| 1. Name of Limited Partnership | 1a. A06 | 1a. DOCUMENT # A06964 | | | -9 PM 3: 18 |
| DENTRAL PARK, LTD. | | | y de Petrobaronia | | |
| Malling Address | Principal Office Address | | | 3. Date Formed or Registered | 5a. Capital Contributions as Shown on record. |
| 111 RIVERSIDE AVE. P.O. BOX 44100 JACKSONVILLE FL 32202 | 111 RIVERSIDE AVE. P.O. BOX 44100 JACKSONVILLE FL 32202 | | | 11/15/1978 3a. Date of Last Report | \$750,000.00 |
| 2. Mailing Address | 28. Principal Office Address | | | 11/26/1996 4. State or Country of Formation | 5b. Amount of Capital Contributions in FLORIDA to date: |
| Sulte, Apt. #, etc. | | Suite, Apt. #, etc. | | FL 6, FEI Number | ☐ Applied For |
| City & State | City & State | | | 59-1864000 | ☐ Not Applicable |
| Zip Country | Zip | Zip Country | | 7. Certificate of Status Desired 8. Make check payable to: Dept. of | \$8.75 Add tional Fee Required State (See reverse side for fee inform |
| 9. Name and Address of Curre | ent Registered Agent | | | 10. If changed, now Registere | ed Agent/Office |
| VANDERGRIFF, C. EDWARD 111 RIVERSIDE AVE. | | | Name Street Address (P.O. Box Number is Not Acceptable) Suite. Apt. #, etc. | | |
| | | | | | |
| 10a. Pursuant to the provisions of sections 620.1051 a | | | | | <u> </u> |
| | or registered agent, or i | | out thange was a | unionzed by its general partiter(s). Then | eny accept the appointment of registe |
| A GENERAL PARTNER THAT | T IS A CORP | PORATION, LIM | ITED PAR | TNERSHIP OR OTHE TH THIS OFFICE. | R BUSINESS ENTIT |
| agent. I am familiar with, and accept the obligation SIGNATURE (Registered Agent Accepting Appointment) A GENERAL PARTNER THAT MUS | T IS A CORP | PORATION, LIM | CTIVE WI | TNERSHIP OR OTHE | R BUSINESS ENTIT |
| agent. I am familiar with, and accept the obligation SIGNATURE (Registered Agent Accepting Appointment) A GENERAL PARTNER THAT MUS | T IS A CORP ST BE REGIS | PORATION, LIM STERED AND A | ACTIVE WI | TNERSHIP OR OTHE TH THIS OFFICE. | 11a Registration/ |
| agent. I am familiar with, and accept the obligation SIGNATURE (Registered Agent Accepting Appointment) A GENERAL PARTNER THA MUS 11. Name(s) of General Partner(s) | T IS A CORP ST BE REGIS | PORATION, LIMI STERED AND A address of Each General Partr NOT Uso Post Office Box Num | ACTIVE WI | TNERSHIP OR OTHE TH THIS OFFICE. City, State & Zip Code CKSONVILLE FL 1 00002 | 11c. Registration/ Document Number |
| agent. I am familiar with, and accept the obligation SIGNATURE (Registered Agent Accepting Appointment) A GENERAL PARTNER THA MUS 11. Name(s) of General Partner(s) | T IS A CORF ST BE REGIS 11a. (Do) | PORATION, LIMI STERED AND STERED AND STERED AND STERE STEEL STEEL STEEL STEEL STEEL STEEL STEEL STEEL STEEL STEEL STEEL STEEL STEEL STEEL STEEL STEEL | ACTIVE WI | TNERSHIP OR OTHE TH THIS OFFICE. City, State & Zip Code CKSONVILLE FL 1 00002 | 11c. Registration/ Document Number A02405 374E:41 7787-01040-022 550.00 ****550.00 |

SIGNATURE C. Edward Vandergriff as Attorney-in-Fact DATE 11 997

Typed or Printe from or Briefs to Spriff Form Haskell, it's Sole General partner (904) 791-4500