

FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1999



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

FILED
98 NOV 10 AM 8:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



1. Name of Limited Partnership CENTRAL PARK, LTD.		1a. DOCUMENT # A06964	
Mailing Address 111 RIVERSIDE AVE. P.O. BOX 44100 JACKSONVILLE FL 32202	Principal Office Address 111 RIVERSIDE AVE. P.O. BOX 44100 JACKSONVILLE FL 32202	3. Date Formed or Registered 11/15/1978 3a. Date of Last Report 12/09/1997 4. State or Country of Formation FL	5a. Capital Contributions as Shown on record. \$750,000.00 5b. Amount of Capital Contributions in FLORIDA to date:
2. Mailing Address Suite, Apt. #, etc. City & State Zip Country	2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country	6. FEI Number 59-1864000 7. Certificate of Status Desired 8. Make check payable to: Dept. of State (See reverse side for fee information)	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable \$8.75 Additional Fee Required

9. Name and Address of Current Registered Agent VANDERGRIFT, C. EDWARD 111 RIVERSIDE AVE. JACKSONVILLE FL 32202-4950	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code
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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)

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) HASKELL REALTY DEVELOPERS, L	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 111 RIVERSIDE AVE.	11b. City, State & Zip Code JACKSONVILLE FL	11c. Registration/ Document Number A02405
500002689775--6 -11/17/98--01069--015 ****526.25 ****526.25 AL NOV 16 1998			

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. Required by chapter 620, Florida Statutes.

SIGNATURE *C. Edward Vandergriff*

DATE

11-2-98

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

(904) 791-4500

CR2E003 (8/98)