

FILE ON OR BEFORE APRIL 8, 1998 TO AVOID  
REVOCATION AND \$500 PENALTY FEE

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

98 APR -8 PM 2:46

LIMITED PARTNERSHIP  
ANNUAL REPORT  
1998



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

1. Name of Limited Partnership

1a. DOCUMENT #  
A13420

PLANTATION PARTNERS, LTD.



Mailing Address

8065 LEEBURG PIKE, SUITE 400  
VIENNA VA 22182

Principal Office Address

8065 LEEBURG PIKE, SUITE 400  
VIENNA VA 22182

3. Date Formed or Registered

11/09/1982

5a. Capital Contributions as  
Shown on record.

\$3,301,000.00

3a. Date of Last Report

12/27/1996

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

4. State or Country of Formation

FL

2. Mailing Address

1225 Eye Street, NW

Suite, Apt. #, etc.

Suite 200

City & State

Washington, DC

Zip

20005

Country  
USA

2a. Principal Office Address

1225 Eye Street, NW

Suite, Apt. #, etc.

Suite 200

City & State

Washington, DC

Zip

20005

Country  
USA

6. FEI Number

06-1069002

☐ 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

~~SPEER, PAUL N~~  
~~4103 STILLWATER TERRACE COVE~~  
~~TAMPA FL 33624~~

10. If changed, new Registered Agent/Office

Name

Corporation Service Company

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

1201 Hays Street

Suite, Apt. #, etc.

City

Tallahassee

FL

Zip Code

32301 2525

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)

Gail Shelby, As Agent

DATE 4/8/98

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)

WILBUR AND COMPANY, INC.

11a. Address of Each General Partner  
(Do NOT Use Post Office Box Numbers)

~~2507 POST ROAD~~  
1225 Eye St., NW  
Suite 200

11b. City, State & Zip Code

~~SOUTHPORT CT 06490~~  
Washington, DC 20005

11c. Registration/  
Document Number

~~F00000002658~~  
F96000002658

300002482443--2

Dec

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

Gail Shelby

DATE

3/11/98

Typed or Printed Name of General Partner, Single Form

By: Joel F. Bondar, Executive VP

Daytime Telephone Number

202-216-2931

CR2E003 (12/97)



ACCOUNT NO. : 072100000032

REFERENCE : 773048 7143669

AUTHORIZATION : *Patricia Pizot*

COST LIMIT : \$ 526.25

ORDER DATE : April 7, 1998

ORDER TIME : 9:58 AM

ORDER NO. : 773048-005

CUSTOMER NO: 7143669

CUSTOMER: Delores Huston, Legal Asst  
Nchp  
1225 Eye Street, Nw  
Suite 200  
Washington, DC 20005

ANNUAL REPORT FILING

NAME: PLANTATION PARTNERS, LTD.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Nicole McClendon

EXAMINER'S INITIALS: \_\_\_\_\_

99 APR -8 AM 10:44  
DIVISION OF CORPORATION