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



To Country Replace Re		EFORE APRIL 8,1998 TO AV On and <u>\$500 Penalty Fee</u>		FILED	
A14402 Mailing Address Principal Office Add	ANNUAL REPORT	Same Se	dra B. Mortham ecretary of State	SEORE TY NO SUCCESSION TALLAMASSEE, PLON	
Maling Address HIGHWAY 77 SOUTH P.D. BOX 277	1. Name of Limited Partnership		UMENT #	1 100 (MIL) 100 (MIL) 100 (MIL) 100 (MIL)	i Bêne jihî birlî birin birk bari biri birin birin 18
HOHMAY 77 SOUTH P.O. BOX 277 CMPLEY FL 32428 2. Mailling Addriges 3. Date of Lest Proport 12/20/1996 3. Date of Lest Proport 12/20/1996 5. Amount of Capital Contributions in P.O. P.O. 12/20/1996 5. Applied For Not Applied For	UCKHORN CREEK, LTD				1 5 8110 1101 91011 01911 91811 91811 31811 11811 18
HIGHWAY 77 SOUTH P.D. BOX 277 CHPLEY FL 32428 2a. Principal Office Address 2a. Principal Office Address 2a. Principal Office Address 2b. Mailing Address 2a. Principal Office Address 2b. Mailing Address 2c. Mailing Address 2c. Mailing Address 2c. Principal Office Address 2c. Mailing Address 2	Asilina Artificas	Principal Office Address		2 Date Formed or Registered	58. Capital Contributions as
SARE Principal Office Address 2. Mailing Address 3. Date or Country of Formation 4. State or Country of Formation 5. Fig. 6. Fig Humber 5. Suite, Apr. #, etc. 6. Fig Humber 5. Suite Applied For 5. Suite Applied For 5. Suite Applied For 5. Suite Apr. #, etc. 6. Fig Humber 5. Remained Address of Country 2. Main and Address of Country 2. Main and Address of Country 2. Main and Address of Country 3. Name and Address of Country 3. Name and Address of Country 4. Name 1. If changed, new Registered Agent Office Address 6. Fig Humber 5. Name and Address of Country 8. Name 10. If changed, new Registered Agent Office Address 9. Suite Apr. #, etc. 10. If changed, new Registered Agent Office Address of Country 7. Suite Agent For Suite Agent Address (P.O. Box Number is Not Acceptable) 9. Suite Apr. #, etc. 10. If changed Agent Address of Dots and Exc. 102, Florids Statutes, the above family and finding particular by its general particle.) Interval the base of Finding suite in the Address of Finding Suite in		,			
CHPLEY FL 32428 CHPLEY	P.O. BOX 277				\$372,500.00
2. Malling Address 2. Principal Office Address 2. Suite, Apt. 4, etc. City & State Country Zip Country Zip Country 8. Mane and Address of Current Registered Agent 10. If charged, new Registered Agent Agent Office PIERCE, FRANK A 41 HIGHWAY 77 S. CHPLEY FL 32428 Suite, Apt. 4, etc. CHPLEY FL 32428 NAME of the Country of Formation In Agencies of Suite, Apt. 4, etc. CHPLEY FL 32428 Suite, Apt. 4, etc. CHPLEY FL 32428 NAME of the Country of Formation In Agencies of Suite, Apt. 4, etc. CHPLEY FL 32428 NAME of the Country of Formation In Charactery of Suite, Apt. 4, etc. CHPLEY FL 32428 NAME of the Country of Formation In Charactery of Suite, Apt. 4, etc. CHPLEY FL 32428 NAME of the Country of Formation In Charactery of Suite, Apt. 4, etc. CHPLEY FL 32428 NAME of the Country of Formation of Formation In Charactery of Suite, Apt. 4, etc. CHPLEY FL 32428 CHRANCE of Country of Formation of Formation of The Suite of Formation of The Suite	CHIPLEY FL 32428	CHIPLEY FL 32428		•	5b. Amount of Capital
Suite, Apt. #, etc. City & State City & City & State City & City & State City &			.,	4. State or Country of Formation	Contributions in FLORIDA to date:
Thy & State City & State Cit	Z. Mailing Address	28. Principal Office Addi	rass	FL	
To Country To Cou					Applied For Not Applicable
B. Name and Address of Current Registered Agent 10. If changed, new Registered Agent/Office PIERCE, FRANK A #1 HIGHWAY 77 S. CHIPLEY FL 82428 Suite, Agt. #, etc. -14/17/3301047007 Cay ******526. Cay *******526. Cay *******526. Cay *******526. Cay ******526. Cay ********526. Cay *******526. Cay *******526. Cay *******526. Cay *******526. Cay ********526. Cay *********************************				7. Certificate of Status Desired	S8.75 Additional
PIERCE, FRANK A. #1 HIGHWAY 77 S. CHIPLEY FL 32428 Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) A per sec. -114/17/9801147-007 *******525.*** A per sec. -114/17/9801147-007 A per sec. -114/17/9801147-007 A per sec. -114/17/9801147-007 A per sec. A per sec. -114/17/9801147-007 A per sec. A per sec. A per sec. -114/17/9801147-007 A per sec. A p	Zip Country	Zip	Country	8. Make check payable to: Dept.	
A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITION MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. 1. Name(e) of General Partner(s) 1. Only, State & Zip Code 1. ChipLey FL G26356 1. Indeed, or ChipLey Chipman and Company of Company o	for the purpose of changing its registered	d office or registered agent, or both, in the Sta	we-named limited partner te of Florida. Such char	李宗宗) ership organized or registered under the laws o	525. FL zproto25.25 I the State of Florida, submits this statement
NW.FLA.LAND DEVELOPMENT HWY. 77 SOUTH PO BX. CHIPLEY FL G26356 Note: General partners MAY NOT be changed on this form; an amendment must be filled to change a general partner be being in the state of the second of the seco			ON. LIMITED		
N.W.FLA.LAND DEVELOPMENT HWY. 77 SOUTH PO BX. CHIPLEY FL G26356 Note: General partners MAY NOT be changed on this form; an amendment must be filled to change a general partner between the company of the exemption stated in Section 119.07(3)(k), Floride 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 indicate this annual report is true and accourate and that my signature shall have the same figal effects as if made under both. I further certify that I am a General Partner of the limited partnership, receiver or the empowered to execute this report as required by chapter 620, Florida Statutes.	· · · · · · · · · · · · · · · · · · ·	MUST BE REGISTERED	AND ACTIV	<u>/E WITH THIS OFFICE.</u>	
Note: General partners MAY NOT be changed on this form; an amendment must be filled 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). Floride 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 indicate the annual report is true and accourate and that my signature shall have the same legal office as at made under path. I further certify that I am a General Partner of the limited partnership, receiver or the empowered to execute this report as required by chapter 620. Florida teatutes.	Name(s) of General Partner(s)	11a. (Do NOT Use Post C	Office Box Numbers)	11b. City, State & Zip Code	
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SIGNATURE () / 1/1/0 2-25-98	 I do hereby certify that the information supp Corporations from any liability of non-comp this annual report is true and accurate and 	olled with this filing is voluntarily furnished and liance with Section 119.07(3)(k) In the event th that my signature shall have the same legal of	does not qualify for the	exemption stated in Section 119.07(3)(k), Florid field is deemed exempt from public access. I fu	de Statutes. I release the Division of other certify that the Information indicated of
PARTITION DATE OF A 10	SIGNATURE	Commell.	unco		3-25-98