

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  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

98 SEP 14 PM 2:22

1. Name of Limited Partnership	1a. DOCUMENT # A15048
CAMELOT '83, LTD.	



Mailing Address 1336 SEA MARSH COVE AMELIA ISLAND FL 32034	Principal Office Address 1336 SEA MARSH COVE AMELIA ISLAND FL 32034	3. Date Formed or Registered 08/03/1983	5a. Capital Contributions as Shown on record. \$300,900.00
		3a. Date of Last Report 11/17/1997	5b. Amount of Capital Contributions in FLORIDA to date: \$300,900
2. Mailing Address	2a. Principal Office Address	4. State or Country of Formation FL	6. FEI Number 59-2315298 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	7. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	8. Make check payable to: Dept. of State (See reverse side for fee information)
City & State	City & State		
Zip	Country		

9. Name and Address of Current Registered Agent ASBURY, LLOYD T 214 NORTH CLAY STREET JACKSONVILLE FL 32202	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) 100002641031-5 Suite, Apt. #, etc. -09/16/98--01055--021-5 City ****526.25 ****526.25 FL 17/98
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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)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/ Document Number
SMITH, LLOYD III	1336 SEA MARSH COVE	AMELIA ISLAND FL 3203	
WEDEKIND, LEE D JR.	1336 SEA MARSH COVE	AMELIA ISLAND FL 3203	
LLOYD SMITH, III AND ASSOCIA	1336 SEA MARSH COVE	AMELIA ISLAND FL 3203	687843

CR2E003 (8/98)

**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

*Lloyd Smith III* General Partner

DATE

9/8/98

Typed or Printed Name of General Partner Signing Form

Lloyd Smith III

Daytime Telephone Number

(904) 261-1092