

FILE ON OR BEFORE APRIL 7, 1999 TO AVOID
REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 MAR 18 PM 12:53



1. Name of Limited Partnership

1a. DOCUMENT #
A17306

JONES WALKER PALM GARDENS ASSOCIATES, LTD.

Mailing Address

1935 CAMINO VIDA ROBLE
CARLSBAD CA 92008

Principal Office Address

1935 CAMINO VIDA ROBLE
CARLSBAD CA 92008

2. Mailing Address

818 W. BROOKS AVE.

Suite, Apt. #, etc.

2a. Principal Office Address

818 W. BROOKS AVE.

Suite, Apt. #, etc.

City & State

NORTH LAS VEGAS, NV

Zip

89030

Country

USA

City & State

NORTH LAS VEGAS, NV

Zip

89030

Country

USA

3. Date Formed or Registered

06/21/1984

3a. Date of Last Report

01/20/1998

4. State or Country of Formation

GA

6. FEI Number

59-2312972

5a. Capital Contributions as
Shown on record

\$65,000.00

5b. Amount of Capital
Contributions in FLORIDA
to date

65,000

☐ 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

SCHAEFFER, NEIL
28779 WILD COFFEE COURT
BONITA SPRINGS FL 34135

10. If changed, new Registered Agent/Office

Name

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

Suite, Apt. #, etc.

City

FL

Zip Code

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)

BIRD, ALLAN S.
MYAL PARTNERSHIP MANAGEMENT

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

~~1935 CAMINO VIDA ROBLE~~
818 W. BROOKS AVE.
~~1935 CAMINO VIDA ROBLE~~
818 W. BROOKS AVE.

11b. City, State & Zip Code

~~CARLSBAD CA~~
NORTH LAS VEGAS, NV 89030
~~CARLSBAD CA~~
NORTH LAS VEGAS, NV 89030

11c. Registration/
Document Number

P22683

400002820934-0
-03/26/99-01129-009
***526.25 ***526.25

66-24-49

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

Patricia M. Green

DATE

3-12-99

Typed or Printed Name of General Partner Signing Form

PATRICIA M. GREEN, VP OF GP

Daytime Telephone Number

760-839-7908

CR2E003 (12/98)