LIMITED PARTNERSHIP ANNUAL REPORT 1999	FLORIDA DEPARTMEN Sandra B. Mor Secretary of S DIVISION OF CORPO	tham tate	SECRETARY DIVISION OF C 98 OCT 15		
1. Name of Limited Partnership	1a. DOCUMEN A20713	IT #			
PARACHUTE, LTD.					
Mailing Address	Principal Office Address		3. Date Formed or Registered	5a. Capital Contributions as Shown on record.	
111 RIVERSIDE AVENUE	111 RIVERSIDE AVENUE		09/09/1985		
SUITE 140 JACKSONVILLE FL 32202	SUITE 140 JACKSONVILLE FL 32202		3a. Date of Last Report	\$216,873.20	
JAUNGUNNILLE PL 32202 JAUNGUNNILLE PL 32202			10/16/1997	5b. Amount of Capital Contributions in FLORIDA	
2. Mailing Address	2a. Principal Office Address	2a. Principal Office Address		to date:	
			FL FL	\$216,873.20	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		6. FEI Number 59-2564680	Applied For	
City & State	City & State	City & State		Not Applicable	
Zip Country	Zip Cour	Zip Country		\$8.75 Additional Fee Required	
			8. Make check payable to: Dept. of S	State (See reverse side for fee Information)	
9. Name and Address of Cu	arrent Registered Agent		10. If changed, new Registered	Agent/Office	
NEWTON, RUSSELL B., III		ime			
111 RIVERSIDE AVENUE			Street Address (P.O. Box Number Is Not Acceptable)		
SUITE 140	Su	Suite, Apt. #, etc.			
JACKSONVILLE FL 32202					
for the purpose of changing its registered offic agent. I am famillar with, and accept the oblig SIGNATURE (Registered Agent Accepting Appointment		ch change was auth	orized by its general partner(s). I hereby	State of Florida, submits his statement accept the appointment of registered	
			NERSHIP OR OTHE	R BUSINESS ENTITY	
A GENERAL PARTNER TH	AT IS A CORPORATION, LIM JST BE REGISTERED AND A	CTIVE WI	TH THIS OFFICE.		
A GENERAL PARINER IH M 11. Name(s) of General Partner(s)	JST BE REGISTERED AND A		City, State & Zip Code	11c. Registration/ Document Number	
M	JST BE REGISTERED AND A	ACTIVE WI her her her 11b.	TH THIS OFFICE.	11c. Registration/ Document Number	
11. Name(s) of General Partner(s)	JST BE REGISTERED AND A Address of Each General Parter (Do NOT Use Post Office Box Num	ACTIVE WI her her her 11b.	City, State & Zip Code City, State & Zip Code CKSONVILLE FL 32202	11c. Registration/ Document Number G11163 GB8542-9 /SB-01074-021	
M 11. Name(s) of General Partner(s) NEWTON-HARRIS CO.	JST BE REGISTERED AND A Address of Each General Parter (Do NOT Use Post Office Box Num	ACTIVE WI her her her 11b.	City, State & Zip Code City, State & Zip Code CKSONVILLE FL 32202 2000026 -10/20/	11c. Registration/ Document Number G11163 GB8542-9 /SB-01074-021	
M 11. Name(s) of General Partner(s) NEWTON-HARRIS CO.	JST BE REGISTERED AND A Address of Each General Partr (Do NOT Use Post Office Box Nurr 111 RIVERSIDE AVENUE,	CTIVE WI her hers) 11b. JAC	City, State & Zip Code City, State & Zip Code CKSONVILLE FL 32202 200026 -10/20/ *****52	11c. Registration/ Document Number G11163 G18542-0 G8542-0 G8-01074-021 6.25 *****\$26.25	
MI 11. Name(s) of General Partner(s) NEWTON-HARRIS CO. Note: General partners MAY N 12. I do hereby certify that the information supplied v Corporations from any liability of non-compliance	JST BE REGISTERED AND A Address of Each General Partr 11a. Address of Each General Partr (Do NOT Use Post Office Box Num 1111 RIVERSIDE AVENUE, 1111 RIVERSIDE AVENUE, OT be changed on this form; au with Section 119.07(3)(k) in the event that the informati y signature shall have the same legal effects as if made	ACTIVE WITher Ners) 11b. JAC Important of the exemption some supplied is deem	FH THIS OFFICE. City, State & Zip Code CKSONVILLE FL 32202 200028 -10/20/ *****52 nt must be filed to cha tated in Section 119.07(3)(k), Florida Stated exempt from public access. I further of exempt from public access. I further of exempt from public access.	11c. Registration/ Document Number G11163 G11164 G110	
11. Name(s) of General Partner(s) NEWTON-HARRIS CO. Newton-Harris CO. Note: General partners MAY N 12. I do hereby certify that the information supplied v Corporations from any liability of non-compliance this annual report is true and accurate and that n	JST BE REGISTERED AND A Address of Each General Partr 11a. Address of Each General Partr (Do NOT Use Post Office Box Num 1111 RIVERSIDE AVENUE, 1111 RIVERSIDE AVENUE, OT be changed on this form; au with Section 119.07(3)(k) in the event that the informati y signature shall have the same legal effects as if made	ACTIVE WITher Ners) 11b. JAC Important of the exemption some supplied is deem	FH THIS OFFICE. City, State & Zip Code CKSONVILLE FL 32202 200028 -10/20/ *****52 nt must be filed to cha tated in Section 119.07(3)(k), Florida Stated exempt from public access. I further of exempt from public access. I further of exempt from public access.	11c. Registration/ Document Number G11163 G11164 G110	