LIMITED PARTNERSHIP ANNUAL REPORT 1999	Sandra B. Secretary	FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS 1a. DOCUMENT # A22370			
1. Name of Limited Partnership					
EERWOOD PARK, LTD.					
Malling Address	Principal Office Address		3, Date Formed or Registered	5a. Capital Contributions as Shown on record	
P.O. BOX 23627 ZIP 32241-3627	P.O. BOX 23627 ZIP 32241-3627		04/14/1986	\$500.00	
8540 SAN JOSE BLVD. IACKSONVILLE FL 32257	9540 SAN JOSE BLVD. JACKSONVILLE FL 32257		3a. Date of Last Report 10/20/1997	5b. Amount of Capital	
			4. State or Country of Formation	Contributions in FLORIDA to date:	
2. Mailing Address	2a. Principal Office Address		FL		
Suite, Apt. #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		Applied For Not Applicable	
City & State	City & State		NOT APPLICABLE 7. Certificate of Status Desired	\$8.75 Additional	
Zip Country	Zip	Zip Country		Fee Required State (See reverse side for fee information	
9, Name and Address of CL	arrent Registered Agent		10. If changed, new Registere	d Apenl/Office	
LUKE, JOSEPH C		Name			
9540 SAN JOSE RD.		Street Address (P.O. Box Number Is Not Acceptable)			
JACKSONVILLE FL 32217		Suite, Api #, etc			
		City		FL Zip Cope	
for the purpose of changing its registered offic agent. I am familiar with, and accept the oblig SIGNATURE (Registered Agent Accepting Appointmen	0	ida Such changg was au	Morized by its general partner(s). I hereb	y accept the appointment of registered	
	AT IS A CORFURATION, I	D ACTIVE W			
	AT IS A CORPORATION, I UST BE REGISTERED AN 11a. Address of Each Gener 11a. Coo NOT Use Post Office B	Destants 1		11c. Registration/ Document Number	
		al Partner ox Numbers) 11b.		11c Registration/	
11. Name(s) of General Pariner(s)	Address of Each Genera 11a. (Do NOT Use Post Office B	al Partner ox Numbers) 11b.	Crty, State & Zip Code	11c. Registration/ Document Number	
11. Name(s) of General Partner(s) DEERWOOD PARK, INC. Nota: General partners MAY N 12. I do hereby certify that the information supplied Corporations from any liability of non-compliance	Address of Each General (DO NOT Use Post Office B 9540 SAN JOSE BLVD.	al Partner ox Numbers) 11b. JA JA n; an amendm L qualify for the exemption formation supplied is dee	Cny, State & Zip Code	11c. Registration/ Document Number J03692 13:4:3:3:0 13:4:3:3:0 13:4:3:3:0 14:2:5:3:0 14:2:5:3:0 14:2:5:3:0 14:2:5:3:0 14:2:5:3:0 14:2:5:3:0 15:3:0 16:3:0 17:3:4:3:3:0 17:3:4:3:3:0 17:3:4:3:3:0 17:3:4:3:3:0 17:3:4:3:3:0 17:3:4:3:3:0 17:3:4:3:3:0 17:3:4:3:3:0 17:3:5:3:0 17:3:4:3:3:0 17:3:4:3:3:0 17:3:5:3:0 <tr< td=""></tr<>	
11. Name(s) of General Partner(s) DEERWOOD PARK, INC. Note: General partners MAY N 12. Ido hereby certify that the information supplied Corporations from any liability of non-complianc	Address of Each General (DO NOT Use Post Office B 9540 SAN JOSE BLVD.	al Partner (x Numbers) 11b. JA JA n; an amendm t qualify for the exemption iformation supplied is dee if made under oath. I fund	Cny, State & Zip Code ACKSONVILLE FL CHETCHCTC - 02/25 + ****1 Hent must be filed to ch in stated in Section 119 07(3)(k). Florida 1 med exempt from public access. I further ther certify that I am a General Partner of	Inc. Registration/ Document Number J03692 J3:41 1000000000000000000000000000000000000	
11. Name(s) of General Partner(s) DEERWOOD PARK, INC. Note: General partners MAY N 12. I do hereby certify that the information supplied Corporations from any liability of non-complianc this annual report is true and that 1	Address of Each General (DO NOT Use Post Office B 9540 SAN JOSE BLVD.	al Partner (x Numbers) 11b. JA JA n; an amendm t qualify for the exemption iformation supplied is dee if made under oath. I fund	Cny, State & Zip Code	Inc. Registration/ Document Number J03692 J3:41 3:10 J9:3-01034 023 J1:25 ****141.25 ange a general partner. Statutes I release the Division of recetity that the Information indicated on the limited partnership, receiver or truster	