

FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT  
TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

97 NOV 26 PM 4:23



1. Name of Limited Partnership

1a. DOCUMENT #  
**A23810**

**MARATHON ASSOCIATES, LTD.**

Mailing Address

5001 PHILLIPS HIGHWAY, 7-B  
JACKSONVILLE FL 32207

Principal Office Address

5001 PHILLIPS HIGHWAY, 7-B  
JACKSONVILLE FL 32207

3. Date Formed or Registered

12/16/1986

3a. Date of Last Report

01/06/1997

4. State or Country of Formation

FL

6. FEI Number

59-2749233

7. Certificate of Status Desired

5a. Capital Contributions as  
Shown on record.

\$789,600.00

5b. Amount of Capital  
Contributions in FLORIDA  
to date:

☐ Applied For  
☐ Not Applicable

\$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

LEBOEUF, LAMB, GREENE & MACRAE, L.L.P.  
50 N. LAURA ST  
SUITE 2800  
JACKSONVILLE FL 32202

10. If changed, new Registered Agent/Office

Name

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

Suite, Apt. #, etc.

City

4000002367674-1

-12/10/97-01009-010

\*\*\*541.25 \*\*\*541.25

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)

SOUTHERN PROPERTY PLANN.  
EMPIRE PARK, INC.

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

5001 PHILLIPS HWY., #  
5001 PHILLIPS HWY., #

11b. City, State & Zip Code

JACKSONVILLE FL 32207  
JACKSONVILLE FL 32207

11c. Registration/  
Document Number

J04498  
J20745

**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 or 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

DATE

Typed or Printed Name of General Partner Signing Form

Kenneth Brummond

Daytime Telephone Number

11-24-97  
904-737-1245

CR2003 (6/97)