

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

97 SEP 15 AM 11:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Name of Limited Partnership

1a. DOCUMENT #
A27854

CROWN DEVELOPMENT GROUP - SJB, LTD.

98-AR
CM



Mailing Address

9740 ST. JOHNS BLUFF ROAD
SUITE 4
JACKSONVILLE FL 32224

Principal Office Address

3740 ST. JOHNS BLUFF ROAD
SUITE 4
JACKSONVILLE FL 32224

2. Mailing Address

3740 St. Johns Bluff Road

Suite, Apt. #, etc.
Suite 7

City & State

Jacksonville, FL

Zip

32224

Country
USA

2a. Principal Office Address

3740 St. Johns Bluff Road

Suite, Apt. #, etc.
Suite 7

City & State

Jacksonville, FL

Zip

32224

Country
USA

3. Date Formed or Registered

02/01/1989

3a. Date of Last Report

09/23/1996

4. State or Country of Formation

FL

5a. Capital Contributions as
Shown on record.

\$60.00

5b. Amount of Capital
Contributions in FLORIDA
to date

\$60.00

6. FEI Number

75-2253154

☐ 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

FORD, ROBERT A

4030 HARTLEY ROAD

SUITE 200

JACKSONVILLE FL 32257

10110 San Jose Boulevard

Jacksonville, FL 32257

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)

TOOLE, ALBERT J., III

HELTON, KENNETH R.

KIRCHER, WILLIAM J.

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

1301 RIVERPLACE BLVD.

7219 BLUEFIELD DR

10001 LINN STATION RD
2601 Wood Hill Drive

11b. City, State & Zip Code

JACKSONVILLE FL

DALLAS TX

LOUISVILLE KY
Jacksonville, FL 32256

11c. Registration/
Document Number

100002297131--0
-09/18/97--01081--004
****156.25 ****156.25

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

William J. Kircher

DATE

9/9/97

Typed or Printed Name of General Partner Signing Form

William J. Kircher

Daytime Telephone Number

(904) 646-5752

CR2E003 (6/97)