

FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1999



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

FILED

98 OCT 28 PM 12:23

SECRETARY OF STATE
TALLAHASSEE FLORIDA



1. Name of Limited Partnership

1a. DOCUMENT #
A29079

SJH PARTNERSHIP, LTD.

Mailing Address

Principal Office Address

~~9370 INTERNATIONAL GOLF PARKWAY
ST. AUGUSTINE FL 32092~~

~~2395 INTERNATIONAL GOLF PARKWAY
ST. AUGUSTINE FL 32095~~

3. Date Formed or Registered

10/19/1989

3a. Date of Last Report

09/22/1997

4. State or Country of Formation

FL

5a. Capital Contributions as
Shown on record.

\$6,000,000.00

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

2. Mailing Address

101 East Town Place

2a. Principal Office Address

101 East Town Place

Suite, Apt. #, etc.

Suite 200

Suite, Apt. #, etc.

Suite 200

City & State

St. Augustine, FL

City & State

St. Augustine, FL

Zip

32092

Country

U.S.A.

Zip

32092

Country

U.S.A.

6. FEI Number

62-1671047

☐

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

DAVIDSON, JAMES E., JR.

9370 INTERNATIONAL GOLF PARKWAY

ST. AUGUSTINE FL 32092

10. If changed, new Registered Agent/Office

Name

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

101 East Town Place

Suite, Apt. #, etc.

Suite 200

City

St. Augustine,

FL

Zip Code

32092

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)

SJ MEMPHIS, LTD.

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

%3797 NEW GETWELL ROA

11b. City, State & Zip Code

MEMPHIS TN 38118

11c. Registration/
Document Number

A94000000865

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-11/03/98--01036--001
****526.25 ****526.25

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

DATE 10/13/98

Typed or Printed Name of General Partner Signing Form

Louis Baieni

Daytime Telephone Number (901) 369-1500

CR2E003 (8/98)