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

LIMITED PARTNERSHIP ANNUAL REPORT 1999

Typed or Printed Name of General Partner Signing Form



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1. Name of Limited Partnership

1a. DOCUMENT # A31168

DIVISION OF CORPORATIONS

98 DEC 30 PM 2: 56

DEERFIELD MILITARY TRAIL, LTD. 3, Date Formed or Registered 5a. Capital Contributions as Shown on record. Mailing Address Principal Office Address 02/07/1991 12000 BISCAYNE BLVD. 12000 BISCAYNE BLVD. \$300,000.00 **SUITE 810** SUITE 810 3a. Date of Last Report MIAMI FL 33181 MIAMI FL 33181 12/31/1997 **5b.** Amount of Capital Contributions in FLORIDA to date: 4. State or Country of Formation 2. Mailing Address 2a. Principal Office Address FL Suite, Apt. #, etc. Suite, Apt. #, etc. 6. FEI Number Applied For 65-0255024 ☐ Not Applicable City & State City & State 7. Certificate of Status Desired \$8.75 Additional Fee Required Zip Country Country 8. Make check payable to: Dept. of State (See reverse side for fee information) 10. If changed, new Registered Agent/Office 9. Name and Address of Current Registered Agent IRELAND, R. SCOTT Street Address (P.O. Box Number is Not Acceptable) 12000 BISCAYNE BLVD. **SUITE 810** Suite, Apt. #, etc. MIAMI FL 33181 Cltv Zip Code 10a. Pursuant to the provisions of sections 620.1051 and 620.1051 and 620.1051, 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. Address of Each General Partner Registration/ 11. 11a. (Do NOT Use Post Office Box Numbers) 11c. Name(s) of General Partner(s) 11b. City, State & Zip Code Document Number D/I CO'S - DEERFIELD LC 12000 BISCAYNE BLVD. MIAM! FL 33181 Z00350 900002742789--8 -01/14/99--01128--001 **11375,00 ****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 exercize this report as required by chapter 620, Florida Statutes.

SIGNATURE 1

MEMBER D/Z CA, DATE 12-28-98

CR2E003 (8/98)