

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
SECRETARY OF STATE
DIVISION OF CORPORATIONS

98 NOV 30 PM 12: 27

mtm
12/3

1. Name of Limited Partnership

1a. DOCUMENT #
A31474

LAVERGNE PARTNERS, LTD.



Mailing Address

Principal Office Address

1600 INDEPENDENT SQUARE
JACKSONVILLE FL 32202

1600 INDEPENDENT SQUARE
JACKSONVILLE FL 32202

3. Date Formed or Registered

04/26/1991

5a. Capital Contributions as
Shown on record.

\$2,500,000.00

3a. Date of Last Report

11/21/1997

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

4. State or Country of Formation

FL

2. Mailing Address

1 Independent Drive

2a. Principal Office Address

1 Independent Drive

Suite, Apt. #, etc.

Suite 1600

Suite, Apt. #, etc.

Suite 1600

City & State

Jacksonville FL

City & State

Jacksonville, FL

Zip

32202-5009 USA

Zip

32202-5009 USA

6. FEI Number

59-3063051

☐ 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

LOVETT, W. RADFORD, II
1600 INDEPENDENT SQUARE
JACKSONVILLE FL 32202

10. If changed, new Registered Agent/Office

Name

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

1 Independent Drive

Suite, Apt. #, etc.

Suite 1600

City

Jacksonville

FL

Zip Code

32202-5009

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)

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

11b. City, State & Zip Code

11c. Registration/
Document Number

LDP, INC.

1600 INDEPENDENT SQUA-
1 Independent Drive
Suite 1600

JACKSONVILLE FL 32202

J92529

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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 *L. D. Williams*

Vice President

DATE November 24, 1998

Typed or Printed Name of General Partner Signing Form

L. D. Williams

Daytime Telephone Number

904/634-8808

CR2E003 (8/98)