

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 OCT 10 PM 3:44

1. Name of Limited Partnership

1a. DOCUMENT #
A32190

GREEN POWER PARTNERS, LTD.



Mailing Address

~~P.O. BOX 550607~~
~~JACKSONVILLE FL 32250-0607~~

Principal Office Address

~~P.O. BOX 550607~~
~~JACKSONVILLE FL 32250-0607~~

3. Date Formed or Registered

11/05/1991

5a. Capital Contributions as
Shown on record

\$15,173,731.00

3a. Date of Last Report

02/17/1997

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

-0-

4. State or Country of Formation

FL

6. FEI Number

59-3091719

☐ 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)

2. Mailing Address

Post Office Box 676

2a. Principal Office Address

217 Ponte Vedra Park Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Ponte Vedra Beach, FL

City & State

Ponte Vedra Beach, FL

Zip

32004

Country

Zip

32082

Country

9. Name and Address of Current Registered Agent

KOEGLER, STEVEN C.

~~10411 DEERWOOD PARK BLVD~~

BUILDING 100, SUITE 200

JACKSONVILLE FL 32256

10. If changed, new Registered Agent/Office

Name

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

217 Ponte Vedra Park Drive

Suite, Apt. #, etc.

City

Ponte Vedra Beach

FL

Zip Code

32082

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

SEP 04 1997

**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)

RICHARTZ, LEON E.

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

881 OCEAN DRIVE APT. 13H

11b. City, State & Zip Code

KEY BISCAVNE FL 33149

11c. Registration/
Document Number

900002319069--A

-10/13/97--01108--006

****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 the report as required by Chapter 690, Florida Statutes.

SIGNATURE

Leon Richartz

Daytime Telephone Number

904-285-3204

Typed or Printed Name of General Partner Signing Form

CR2E003 (6/97)