

**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 DEC 17 AM 7:41



1. Name of Limited Partnership
COX HOLDINGS, LTD.

1a. DOCUMENT #
A32475

Mailing Address
**4096 SW BIMINI CIRCLE SOUTH
PALM CITY FL 34990-1341**

Principal Office Address
**4096 SW BIMINI CIRCLE SOUTH
PALM CITY FL 34990-1341**

3. Date Formed or Registered
01/17/1992

5a. Capital Contributions as
Shown on record.
\$1,130,183.68

3a. Date of Last Report
11/07/1996

5b. Amount of Capital
Contributions in FLORIDA
to date:
1,130,183.68

2. Mailing Address

2a. Principal Office Address

4. State or Country of Formation
FL

Suite, Apt. #, etc.

Suite, Apt. #, etc.

6. FEI Number

65-0309847

☐ Applied For
☐ Not Applicable

City & State

City & State

7. Certificate of Status Desired



\$8.75 Additional
Fee Required

Zip Country

Zip Country

8. Make check payable to: Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent

**COX, THOMAS H.
4096 SW BIMINI CIRCLE SOUTH
PALM CITY FL 34990-1341**

10. If changed, new Registered Agent/Office

Name

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

0000002381230--B

Suite, Apt. #, etc.

-12/23/97-01095-006

City

*****541.25**

Zip Code

FL

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

COX MANAGEMENT, INC.

4096 SW BIMINI CIRCLE

PALM CITY FL 34990

V04626

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

Cox Management, Inc. Thomas H. Cox

Pref.

DATE

12-15-97

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

CR2E003 (5/97)