

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

SECRET
DIVISION OF CORPORATIONS

99 JAN -5 AM 9:18

1. Name of Limited Partnership

1a. DOCUMENT #
A92000000275

KICKOFF PARTNERS, LTD.

Mailing Address

Principal Office Address

ONE ALLTEL STADIUM PLACE
JACKSONVILLE FL 32216

ONE ALLTEL STADIUM PLACE
JACKSONVILLE FL 32216

2. Mailing Address

2a. Principal Office Address

One Alltel Stadium Place
Suite, Apt. #, etc

One Alltel Stadium Place
Suite, Apt. #, etc

City & State

City & State

Zip

Country

Zip

Country

3. Date Formed or Registered

01/13/1993

3a. Date of Last Report

10/14/1997

4. State or Country of Formation

FL

6. FEI Number

59-3205911

7. Certificate of Status Desired

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

5a. Capital Contributions as
Shown on record

\$33,119,994.00

5b. Amount of Capital
Contributions in FLOFD (1A,
to date

33,119,994

☐ Applied For
☐ Not Applicable

☐ \$8.75 Additional
Fee Required

9. Name and Address of Current Registered Agent

WEAVER, J. WAYNE
7899 BAYMEADOWS WAY
JACKSONVILLE FL 32256

10. If changed, new Registered Agent/Office

Name
J. Wayne Weaver
Street Address (P.O. Box Number is Not Acceptable)
One ALLTEL Stadium Place
Suite, Apt. #, etc
City
Jacksonville
Zip Code
FL 32202

10a. Pursuant to the provisions of sections 620.1051 and 620.152, 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 620.152, 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

WEAVER, J W

7899 BAYMEADOWS WAY

JACKSONVILLE FL 32216

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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

DATE 12-18-98

Typed or Printed Name of General Partner Signing Form J. Wayne Weaver

Daytime Telephone Number (904) 633-6000

CR2E003 (8/98)