

FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT  
TO REVOCATION AND \$500 PENALTY PER

LIMITED PARTNERSHIP  
ANNUAL REPORT  
1998

FLORIDA DEPARTMENT OF STATE

San Francisco

Secretary of State

DIVISION OF CORPORATIONS

A9300000700

FILED

98 FEB 16 PM 4:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. Name of Limited Partnership

1a. DOCUMENT #

A9300000700

Pathway to Eden Ltd

98-AR  
CM

Mailing Address

Principal Office Address

P.O. Box 1061  
Santa Rosa Beach, FL 32459

2. Mailing Address

2a. Principal Office Address

P.O. Box 1061

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Santa Rosa Beach, FL

Zip Country

32459 Walton

3. Date Formed or Registered

3/95

5a. Capital Contributions as  
Shown on record.

20,000

3a. Date of Last Report

12-15-96

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

20,000

4. State or Country of Formation

FLORIDA

6. FEI Number

59-3189447

☐ 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

10. If changed, new Registered Agent/Office

Name

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

Suite, Apt. #, etc.

City

FL

Zip Code

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

Mary H Murphy

12/11/97

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

Mary H Murphy

4314 Hwy C-30A

Santa Rosa Beach  
FL 32459

400002407774--1  
-01/21/98--01132--017  
\*\*\*\*248.75 \*\*\*\*243.75

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

Mary H Murphy

12/11/97

Typed or Printed Name of General Partner Signing Form

MARY H MURPHY

Daytime Telephone Number

850-6544246

CR2E003 (6/97)