

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 DEC 31 AM 9:12

1. Name of Limited Partnership

1a. DOCUMENT #  
A93000001367

EDISTO GROUP, LTD.



01/15

Mailing Address

450 CHALLENGER RD.  
CAPE CANAVERAL FL 32920

Principal Office Address

450 CHALLENGER RD.  
CAPE CANAVERAL FL 32920

3. Date Formed or Registered

12/15/1993

5a. Capital Contributions as  
Shown on record.

\$10,023,100.00

3a. Date of Last Report

01/20/1998

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

7,692,850

4. State or Country of Formation

FL

2. Mailing Address

2a. Principal Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country

6. FEI Number

59-3213396

☐ 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

POPP, GREGORY A  
450 CHALLENGER RD.  
CAPE CANAVERAL FL 32920

10. If changed, new Registered Agent/Office

Name Michael A. Chirban  
Street Address (P.O. Box Number is Not Acceptable) 450 Challenger Road  
Suite, Apt. #, etc.  
City Cape Canaveral FL Zip Code 32920

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)

*M. A. Chirban*

DATE 12/28/98

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
GROUP EDISTO, INC.	450 CHALLENGER RD.	CAPE CANAVERAL FL 329	P93000085632
HABITAT AMERICA, INC.	200 FRANKLIN RD., NE,	ATLANTA GA 30342	F94000000510

800002747648--2  
-01/20/99--01048--017  
\*\*\*535.00 \*\*\*535.00

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

*M. A. Chirban*, VP of GP

DATE 12/28/98

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

CR2E003 (8/98)