

**FILE ON OR BEFORE APRIL 8, 1998 TO AVOID  
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

98 MAR 13 AM 9:04

1. Name of Limited Partnership

1a. DOCUMENT #  
**A94000000089**

**SNEAD Y. DAVIS SANTA FE RIVER RANCH LIMITED PART  
NERSHIP**



Mailing Address

Principal Office Address

1560 LANCASTER TERRACE, #1500  
JACKSONVILLE FL 32204

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JACKSONVILLE FL 32204

3. Date Formed or Registered

01/19/1994

5a. Capital Contributions as  
Shown on record.

**\$5,000,000.00**

3a. Date of Last Report

11/07/1996

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

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

59-3254169

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

**YONG, FRANK J**  
**CONE PURCELL & FLANAGAN, P.A.**  
**225 WATER STREET, SUITE 1235**  
**JACKSONVILLE FL 32202-4427**

10. If changed, new Registered Agent/Office

Name **YONG, FRANK J.**  
Street Address (P.O. Box Number is Not Acceptable)  
**CONE YONG, STEWART & HOUSTON, P.A.**  
Suite, Apt. #, etc.  
**1050 RIVERSIDE AVE.**  
City **JACKSONVILLE** FL Zip Code **32204**

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

**SNEAD Y. DAVIS, INC.**

**1560 LANCASTER TERRAC**

**JACKSONVILLE FL 32204**

**P93000088317**

**200002458822--8**

**-03/17/98--01006--018**  
**\*\*\*526.25 \*\*\*526.25**

*[Handwritten signature]*  
**316**

**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

*[Handwritten signature: Snead Y Davis]*

DATE

**3-9-98**

Typed or Printed Name of General Partner Signing Form

**SNEAD Y DAVIS**

Routing Telephone Number (904) 355-8941

CR2E003 (12/97)