

FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP  
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP  
ANNUAL REPORT,  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

97 MAR -6 AM 9:54



1. Name of Limited Partnership

1a. DOCUMENT #  
A94000000837

1994 CLT PARTNERSHIP, LTD.

Mailing Address

6001 BOWDENDALE AVENUE  
JACKSONVILLE FL 32245

Principal Office Address

6001 BOWDENDALE AVENUE  
JACKSONVILLE FL 32245

3. Date Formed or Registered

06/23/1994

5a. Capital Contributions as  
Shown on record.

\$6,000,000.00 ✓

3a. Date of Last Report

01/02/1996

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

2. Mailing Address

2a. Principal Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. State or Country of Formation  
FL

6. FEI Number  
NOT APPLICABLE

☐ 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

LEE, LEWIS S  
200 WEST FORSYTH STREET, SUITE 1600  
JACKSONVILLE FL 32202

10. If changed, new Registered Agent/Office

Name M. LYNN PAPPAS

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

200 WEST FORSYTH ST

Suite, Apt. #, etc.

SUITE 1400

City

JACKSONVILLE

FL

Zip Code

32202

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. Lynn Pappas*

DATE

Sept. 16, 1996

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)

PAUL, ROBERT H III

11a. Address of Each General Partner  
(Do NOT Use Post Office Box Numbers)

6001 BOWDENDALE AVENUE

11b. City, State & Zip Code

JACKSONVILLE FL 32245

11c. Registration/  
Document Number

600002109116--4  
-03/11/97--01012--002  
\*\*\*541.25 \*\*\*541.25

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

*Robert H. Paul III*

DATE

12/23/96

Typed or Printed Name of General Partner Signing Form

ROBERT H. PAUL III

Daytime Telephone Number