

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

SECRETARY OF STATE
DIVISION OF CORPORATIONS

98 SEP 29 PM 1:48

1. Name of Limited Partnership

1a. DOCUMENT #
A94000001188

ORTEGA RIVER BOAT YARD LTD.



| | | | |
|------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|
| Mailing Address 1548 LANCASTER TERRACE JACKSONVILLE FL 32204 | Principal Office Address 1548 LANCASTER TERRACE JACKSONVILLE FL 32204 | 3. Date Formed or Registered 08/31/1994 | 5a. Capital Contributions as Shown on record. \$6,000,000.00 |
| 2. Mailing Address Suite, Apt. #, etc. City & State Zip | 2a. Principal Office Address Suite, Apt. #, etc. City & State Zip | 3a. Date of Last Report 10/09/1997 | 5b. Amount of Capital Contributions in FLORIDA to date: |
| 4. State or Country of Formation FL | | 6. FEI Number 59-3264945 | 6. FEI Number <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable |
| | | 7. Certificate of Status Desired <input type="checkbox"/> | 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

PURCELL, THOMAS K
1548 LANCASTER TERRACE
JACKSONVILLE FL 32204

10. If changed, new Registered Agent/Office

Name

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

Suite, Apt. #, etc.

City

Zip Code

FL

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) MCGIRTS CREEK INVESTMENTS, I | 11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 1548 LANCASTER TERRAC | 11b. City, State & Zip Code JACKSONVILLE FL 32204 | 11c. Registration/ Document Number P94000017207 800002654758-1 -10/01/98-0102-015 ****526.15 ****526.25 938 |
|-----------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|----------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|

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.

DATE

SIGNATURE

Typed or Printed Name of General Partner Signing Form Thomas K. Purcell Daytime Telephone Number (904) 355-0355

CR2E003 (8/98)