

**FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO 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

DEC 29 PM 3:30

*mtk*  
1/9



1. Name of Limited Partnership

1a. DOCUMENT #  
**A94000001203**

**DAIRY PLAZA ASSOCIATES, LTD.**

Mailing Address

~~P.O. BOX 15200~~ P.O. BOX 4235  
DAYTONA BEACH FL 32115-5200  
ORMOND BEACH, FL 32175

Principal Office Address

101  
444 SEABREEZE BOULEVARD, SUITE 900 105  
DAYTONA BEACH FL 32118

3. Date Formed or Registered

09/02/1994

5a. Capital Contributions as Shown on record.

\$510,000.00

3a. Date of Last Report

01/03/1997

5b. Amount of Capital Contributions in F1 OflDA to date:

4. State or Country of Formation

FL

2. Mailing Address

Suite, Apt. #, etc.

City & State

Zip Country

2a. Principal Office Address

Suite, Apt. #, etc.

City & State

Zip Country

6. FEI Number

59-3264140

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)

541.25

9. Name and Address of Current Registered Agent

HOOD, CHARLES D JR.  
444 SEABREEZE BOULEVARD, SUITE 900  
DAYTONA BEACH FL 32118

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

**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)

DAIRY PLAZA, INC.

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

101  
444 SEABREEZE BOULEVA  
SUITE 105

11b. City, State & Zip Code

DAYTONA BEACH FL 32118

11c. Registration/Document Number

P94000064407

000002399190--4  
-01/14/98--01003--016  
\*\*\*\*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

DATE 12/15/97

Typed or Printed Name of General Partner Signing Form **SARAH D. VANDAGRIFT, PRES.** Daytime Telephone Number **904 672-9080**

CR2E003 (6/97)