

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

97 DEC 22 PM 4:12

1a. DOCUMENT #
A94000001671

2160 RESERVE PARK TRACE
PORT ST. LUCIE FL 34986

\$11,603,556.00

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

FL

Suite, Apt. #, etc.

City & State

Zip _____ Country _____

59-3281214

☐ Applied For
☐ Not Applicable

 \$8.75 Additional
Fee Required

8. Make check payable to: Dept. of State (See reverse side for fee information)

10. If changed, now 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.**

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

11b. City, State & Zip Code

11c. Registration/
Document Number

2160 RESERVE PARK TR

PORT ST. LUCIE FL 349

665938

700002385317--
-12/30/97--01021--004
***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 _____

Typed or Printed Name of General Partner Signing Form

John W. Holcomb

Daytime Telephone Number

11/25/97
561-468-4604

CR2E003 (6/97)