

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
97 DEC 30 PM 2:30**

1. Name of Limited Partnership
HAILE NORTH , LTD

1a. DOCUMENT #
A94000001675

Mailing Address
**5300 SW 91st Terr
Gainesville, FL 32608**

Principal Office Address
**5300 SW 91st Terr
Gainesville FL 32608**

3. Date Formed or Registered
12/09/1994

5a. Capital Contributions as Shown on record
\$1,500.00

3a. Date of Last Report

5b. Amount of Capital Contributions in FLORIDA to date
\$1,500.00

4. State or Country of Formation
FL

6. FEI Number
59-3301665

☐ 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)

2. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

2a. Principal Office Address
Suite, Apt. #, etc.
City & State
Zip Country

9. Name and Address of Current Registered Agent
**Rowe, Robert R
5300 SW 91st Terr
Gainesville, FL 32608**

10. If changed, new Registered Agent/Office
Name
Street Address (P.O. Box Number Is Not Acceptable)
Suite, Apt. #, etc.
City

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
Haile North Management Inc	5300 SW 91st Terr	Gainesville, FL 32608	P94000089345

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 R Rowe

DATE **12/29/97**
352/335-7846

Typed or Printed Name of General Partner Signing Form

Robert R Rowe

Daytime Telephone Number

CR2EC03 (5/97)