

**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
96 DEC 27 PM 2:04

1. Name of Limited Partnership

1a. DOCUMENT #
A95000001124

THE DAVID H. SMITH FAMILY LIMITED PARTNERSHIP

Mailing Address

**1417 BAYLOR LANE
JACKSONVILLE FL 32217**

Principal Office Address

**1417 BAYLOR LANE
JACKSONVILLE FL 32217**

3. Date Formed or Registered

07/24/1995

5a. Capital Contributions as
Shown on record.

\$40,000.00

3a. Date of Last Report

01/03/1996

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

40,000.00

2. Mailing Address

**11550 MANDARIN COVE LN.
Suite, Apt. #, etc.**

2a. Principal Office Address

**11550 MANDARIN COVE LN.
Suite, Apt. #, etc.**

City & State

JACKSONVILLE, FL

City & State

JACKSONVILLE, FL

Zip

32223

Country

USA

Zip

32223

Country

USA

6. FEI Number

**APPLIED FOR
571038598**

☐ 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)

418.75

9. Name and Address of Current Registered Agent

SMITH, DAVID H

**1417 BAYLOR LANE
JACKSONVILLE FL 32217**

10. If changed, new Registered Agent/Office

Name **SMITH, DAVID H.**

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

11550 MANDARIN COVE LANE

Suite, Apt. #, etc.

City

JACKSONVILLE

State

FL

Zip Code

32223

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)

David H. Smith

DATE **12/24/96**

**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)

SMITH, DAVID H

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

**1417 BAYLOR LANE
11550 MANDARIN COVE LN**

11b. City, State & Zip Code

**JACKSONVILLE FL 32217
JACKSONVILLE, FL
32223**

11c. Registration/
Document Number

**700002049307--1
-01/07/97--01157--003
****418.75 ****418.75**

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

David H. Smith

DATE **12/24/96**

Typed or Printed Name of General Partner Signing Form

DAVID H. SMITH

Daytime Telephone Number

(904) 731-8496

CR2E003 (6/96)