

FILE ON OR BEFORE APRIL 7, 1999 TO AVOID
REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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FILED

99 FEB 23 PM 1:18

SECRETARY OF STATE



1. Name of Limited Partnership	1a. DOCUMENT # A95000001358
FLEMING ISLAND BUSINESS CENTER LIMITED PARTNERSH IP	

Mailing Address 1550-A BUSINESS CENTER DRIVE ORANGE PARK FL 32073	Principal Office Address 1550-A BUSINESS CENTER DRIVE ORANGE PARK FL 32073	3. Date Formed or Registered 09/13/1995	5a. Capital Contributions as Shown on record \$100.00
2. Mailing Address P.O. Box 40105 Suite, Apt. #, etc. Jacksonville, Florida	2a. Principal Office Address Suite, Apt. #, etc.	3a. Date of Last Report 10/01/1997	5b. Amount of Capital Contributions in FLORIDA to date
City & State Jacksonville, Florida	City & State	4. State or Country of Formation FL	6. FEI Number 56-1941401 ☐ Applied For ☐ Not Applicable
Zip 32203	Country USA	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 O'CONNOR, JOHN W 1550-A BUSINESS CENTER DRIVE ORANGE PARK FL 32073	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code
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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) O'CONNOR DEVELOPMENT CORPORA	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 1550-A BUSINESS CENTE	11b. City, State & Zip Code ORANGE PARK FL 32073	11c. Registration/ Document Number F47768
3000002795193--5 -03/05/99--01003--012 ****141.25 ****141.25 62 3-1-99			

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

Typed or Printed Name of General Partner Signing Form

John W. O'Connor - President of O'Connor Development Corporation 2/18/99
John W. O'Connor
Daytime Telephone Number 904/384-8222

CR2E003 (12/98)