

**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

97 FEB 10 AM 9:06



1. Name of Limited Partnership

1a. DOCUMENT #  
**A95000001465**

**DBL PROPERTIES OF NORTH FLORIDA, LTD.**

Mailing Address

4127 NW 27TH LANE  
SUITE A  
GAINESVILLE FL 32605

Principal Office Address

4127 NW 27TH LANE  
SUITE A  
GAINESVILLE FL 32605

3. Date Formed or Registered

09/28/1995

5a. Capital Contributions as  
Shown on record.

S.A. 130,000.00  
Filed 2-10-97

3a. Date of Last Report

04/05/1996

5b. Amount of Capital  
Contributions in FLORIDA  
to date

\$ 130,000.00

4. State or Country of Formation

FL

6. FEI Number

59-3341533

☐ 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

4881 NW 8th Avenue

Suite, Apt. #, etc.

Suite 2

City & State

Gainesville, FL

Zip

32605

Country

USA

2a. Principal Office Address

4881 NW 8th Avenue

Suite, Apt. #, etc.

Suite 2

City & State

Gainesville, FL

Zip

32605

Country

USA

9. Name and Address of Current Registered Agent

KRUEGER, DAVID  
2622 NW 43RD ST.  
SUITE B3  
GAINESVILLE FL 32606

10. If changed, new Registered Agent/Office

Name

200002087452--3

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

02/14/97--01011--017

\*\*\*\*217.00 \*\*\*\*\*21.00

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)

**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)

MEDICAL PROPERTIES, INC.

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

~~4127 NW 27TH LANE, ST~~  
4881 NW 8th Ave.  
Suite 2

11b. City, State & Zip Code

GAINESVILLE FL 32605

11c. Registration/  
Document Number

P95000046712

FF \$576.25  
2 CUS

**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

*C. J. Banner*

DATE

12-4-96

Typed or Printed Name of General Partner Signing Form

Jesse C. Banner

Daytime Telephone Number

352-380-0353

CR2E003 (6/96)