**FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND $500 PENALTY FEE**

LIMITED PARTNERSHIP
ANNUAL REPORT
**1999**

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

FILED
99 FEB -4 AM 11:13
SECRETARY OF STATE
DIVISION OF CORPORATIONS

**1.** Name of Limited Partnership

**1a.** DOCUMENT # A96000000355

KTR PARTNERS LTD.

| Mailing Address | Principal Office Address |
|---|---|
| ~~8701 PHILLIPS HIGHWAY, SUITE 107~~ | 8701 PHILLIPS HIGHWAY, SUITE 107 |
| ~~JACKSONVILLE FL 32217~~ | JACKSONVILLE FL 32217 |
| 4110 Southpoint Blvd #205 | |
| Jacksonville, FL 32216 | |

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

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

**3.** Date Formed or Registered
02/23/1996

**3a.** Date of Last Report
01/22/1998

**4.** State or Country of Formation
FL

**5a.** Capital Contributions as Shown on record
$500.00

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

**6.** FEI Number
59-3364337
☐ Applied For
☐ Not Applicable

**7.** Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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

**9.** Name and Address of Current Registered Agent

TRIBBLE, JOHNNY
8701 PHILLIPS HIGHWAY, SUITE 107
JACKSONVILLE FL 32217

**10.** If changed, new 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.**

| **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 |
|---|---|---|---|
| ~~ORTEGA GROUP, INC.~~ Johnny Tribble Tim Ruen | 8701 PHILLIPS HIGHWAY | JACKSONVILLE FL 32217 | P96000014902 |

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**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)(i), Florida Statutes. I hereby direct the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) in the event that the information supplied is deemed exempt from public access. 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 [signature] AS officer of DATE 10-27-98

Typed or Printed Name of General Partner Signing Form John P. Tribble Daytime Telephone Number (904) 731-3000

CR2E003 (8/98)