

**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

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02 JUL 12 1999
11:11 AM



1. Name of Limited Partnership EMERSON MOB, LTD.		1a. DOCUMENT # A96000000830	
Mailing Address 1802 Largo Rd 4555 EMERSON EXPRESSWAY #200 SUITE 200 JACKSONVILLE FL 32207		Principal Office Address 4555 EMERSON EXPRESSWAY #200 SUITE 200 JACKSONVILLE FL 32207	
2. Mailing Address		2a. Principal Office Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip Country		Zip Country	

3. Date Formed or Registered 05/01/1996	5a. Capital Contributions as Shown on record \$100,000.00
3a. Date of Last Report 02/09/1998	5b. Amount of Capital Contributions in FL OR DA to date
4. State or Country of Formation FL	
6. FEI Number 59-3365035	☐ 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)	

9. Name and Address of Current Registered Agent LEWIS, BRETT J 4555 EMERSON EXPRESSWAY SUITE 200 JACKSONVILLE FL 32207		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.		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) EMMERSON MOB JOINT VENTURE	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 4555 EMERSON EXPRESSW	11b. City, State & Zip Code JACKSONVILLE FL 32207	11c. Registration/Document Number G96110900062

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I 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

DATE

1/9/99

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

CRZE003 (6/98)