

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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

59 JAN 27 PM 2:44

LIMITED PARTNERSHIP  
ANNUAL REPORT  
1999



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

1. Name of Limited Partnership		1a. DOCUMENT # A96000000905	
DOUBLE EAGLE OFFICE BUILDING LIMITED PARTNERSHIP			
Mailing Address	Principal Office Address	94-AP/CLW CM	
107 PLANTERS ROW W PONTE VEDRA BEACH FL 32082	107 PLANTERS ROW W PONTE VEDRA BEACH FL 32082		
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	5a. Capital Contributions as Shown on record
05/15/1996	\$600,000.00
3a. Date of Last Report	5b. Amount of Capital Contributions in FL ORCA to date
11/10/1997	
4. State or Country of Formation	
FL	
6. FEI Number	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
59-3391380	
7. Certificate of Status Desired	<input type="checkbox"/> \$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	10. If changed, new Registered Agent/Office
GOLDBERG, MARVIN H 107 PLANTERS ROW W PONTE VEDRA BEACH FL 32082	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
MARSGOLD, INC.	107 PLANTERS ROW W	PONTE VEDRA BEACH FL	P94000069439

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02/08/99--01022--008  
\*\*\*526.25 \*\*\*526.25

**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 *Marvin Goldberg* DATE *21 Jan 1999*  
 Typed or Printed Name of General Partner Signing Form *MARVIN H. GOLDBERG* Daytime Telephone Number *904 285-9979*

CR2E003 (8/98)