## 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

Searctary of State
DIVISION OF CORPORATIONS

1. Name of Limited Partnership

SIGNATURE

<sup>1a.</sup> DOCUMENT # **A9600001821** 

FILED

98 DEC 18 PM 4: 30

SECRETARY OF STATE TALLAHASSEE, FLORIDA

| Maling Address Principal Office Address Principal Office Address 10/01/1996 3a. Date of Lens Report 12/26/1997   Self-year of Country   Self-year of Self-ye | CAMBRIDGE ASSOCIATES LIMITED  |  |  |  |  |  |
|--|---|--|--|--|--|--|
| 2011 MONTVALE ROAD MARTVILLE TN 97864-  21 Malting Address  22. Malting Address  23. Principal Office Address  24. Principal Office Address  25. Malting Address  26. Malting Address  27. Country  28. State  29. Sould, Apt. 8, etc.  29. Sould, Apt. 8, etc.  2015 State  2016 Country  2017 States  2016 Applied For Country  2017 States  2016 Applied For Mort Address of Current Registrared Agent  10. If changed, new Registrared Agent/Office  10. Marrie and Address of Current Registrared Agent  10. If changed, new Registrared Agent/Office  10. Street Address (P.O. Box Nurifor Is Not Acceptable)  2017 Street Address (P.O. Box Nurifor Is Not Acceptable)  2018 Applied For Country  2017 Street Address (P.O. Box Nurifor Is Not Acceptable)  2018 Applied For Not Applie | Mailing Address   | Principal Office Address                         |  | 3. Date Formed or Registered   | 5a. Capital Contributions as   |  |
| 2. Mailing Address 2. 2. Principal Office Address 5. Control of Suite, Apt. #, etc. 5. FL whether FL Country of Formation FL Colly & State 6. City & State 6. City & State 6. City & State 6. City & State 6. Country 7. Country 7. Country 8. Make check payable to Dept. of State Joeined 7. Country 8. Make check payable to Dept. of State (See reverse acts for fee information 9. Name and Address of Current Registered Agent 10. If changed, new Registered Agent/Office 15. State Agent #, etc. 6. City & State 10. If changed, new Registered Agent/Office 15. State Agent #, etc. 6. City 8. State 9. State 8. State 9. State 8. State 9. Stat |   |  |  | 3a. Date of Last Report  | \$619,900.00   |  |
| Suite, Apt. #, etc.    Suite, Apt. #, etc.   | 2. Mailing Address 2a. Principal Office Address   |  | · .  |  | Contributions in FLORIDA   |  |
| City & State  City & State  City & State  City & State  Country  Zip  Country  Registered Agent Check payable to: Dept. of State (See reverse side for fice informable  Name  Name  Name  Street Address (P.O. Bax Number is Not Acceptable)  Suba, Agt, #, etc.  City  FL  Zip Code  City |   |  |  | FL   |  |  |
| Country  Country  Country  Country  Country  Country  Registered Agent  T. Cartificate of Status Desired  St.75 Additional  Res Required  Res Repeated  Res Repeated  Res Respired Agent Accorptable)  Suite. Apt. #, etc.  City  FL  Zp Code  To the purpose of changing its negistand 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 colligations of section 620.192. Florida Statutes.  SIGNATURE (Registered Agent Accopting Agent Acco |   |  |  | [ +-   |  |  |
| 8, Make check payable to: Dept of State (See reverse side for fee information of the provisions of sections \$20.1051 and \$20.192, Florida Statutes, the above-named limited partmenship 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 partmer(s). I hereby accept the appointment of registered agent is an amendment must be filed to change a general partmer(s).  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 Partmer(s).  11a. (Do NOT Use Post Office Box Numbers).  11b. CRy, State & Zip. Code.  11c. Registration Comment Number.  CAMBRIDGE ASSOCIATES, INC.  2011 MONTVALE ROAD.  Note: General partmers MAY NOT be changed on this form; an amendment must be filed to change a general partmer.  12. 1-50 hearby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the evereption stated in Section 118.07(3)(s), Portida Statutes. I referse the Division of 12. 12. 150 hearby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the evereption stated in Section 118.07(3)(s), Portida Statutes. I referse the Division of 12.  |   |  |  |  | \$8.75 Additional  |  |
| HATCHER, STEPHEN B ESQ.  315 E. ROBINSON STREET, SUITE 600 ORLANDO FL 32801  Suita, Apt. #, etc.  City  FL  Zip Code  10a. Pursuant to the provisions of sections 520 1051 and 620.132, 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 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 620.132, 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)  11a. Address of Each General Partner  MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  11b. City, State 8, Zip, Code 11c. Registration/  CAMBRIDGE ASSOCIATES, INC.  2011 MONTVALE ROAD  MARYVILLE TN 37801  V20498  TOTOLOGY 18 - 01053 - 010  **********************************   | 37803 Country   | 37803  | Country  | 8. Make check payable to: Dept. of S   |  |  |
| HATCHER, STEPHEN B ESQ.  315 E. ROBINSON STREET, SUITE 600 ORLANDO FL 32801  Suita, Apt. #, etc.  City  FL  Zip Code  10a. Pursuant to the provisions of sections 520 1051 and 620.132, 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 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 620.132, 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)  11a. Address of Each General Partner  MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  11b. City, State 8, Zip, Code 11c. Registration/  CAMBRIDGE ASSOCIATES, INC.  2011 MONTVALE ROAD  MARYVILLE TN 37801  V20498  TOTOLOGY 18 - 01053 - 010  **********************************   | O Name and Address of Current Parietand Arent   |  |  | 10 If chapped new Registered Acent/Office  |  |  |
| Street Address (P.O. Box Number Is Not Acceptable)  Street Address (P.O. Box Number Is Not Acceptable)  State, Apt. #, etc.  City FL Zip Code  10.a. 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 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, 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 (Registrand 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  Address of Each General Partner  CAMBRIDGE ASSOCIATES, INC.  2011 MONTVALE ROAD  MARYVILLE TN 37801  V20498  TO 10 10 2 2 5 2 8 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1   | <b>3.</b> Name and Address of Carryin   | . rogistaria Again                               | Name   | 10   |  |  |
| Total Partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.  City  FL  Zip Code  Total  Tip Code  The State of Florida, submits this statement for the purpose of changing its 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  11b. City, State & Zip, Code  11c. Registration/ Document Number  11b. City, State & Zip, Code  11c. Registration/ Document Number  12. 10c hereby certify that the information supplied with this filing is voluntarity turnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of   | 315 E. ROBINSON STREET, SUITE 600   |  | Street Address (P.O. Box Number Is Not Acceptable) |  |  |  |
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| 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. (Oo NOT Use Post Office Box Numbers)  11b. City, State & Zip, Code 11c. Registration/Document Number  11b. City, State & Zip, Code 11c. Registration/Document Number  11c. Registration/Document Number  11d. Name(s) of General Partner(s)  11d. (Oo NOT Use Post Office Box Numbers)  11b. City, State & Zip, Code 11c. Registration/Document Number  12d. Jan 24d. State & Zip, Code 11c. Registration/Document Number  12d. Jan 25d. State & Zip, Code 11c. Registration/Document Number  12d. Jan 25d. State & Zip, Code 11c. Registration/Document Number  12d. Jan 25d. State & Zip, Code 11c. Registration/Document Number  12d. Jan 25d. State & Zip, Code 11c. Registration/Document Number  12d. Jan 25d. State & Zip, Code 11c. Registration/Document Number  12d. Jan 25d. State & Zip, Code 11c. Registration/Document Number  12d. Jan 25d. State & Zip, Code 11c. Registration/Document Number  12d. Jan 25d. State & Zip, Code 11c. Registration/Document Number  12d. Jan 25d. State & Zip, Code 11c. Registration/Document Number  12d. Jan 25d. State & Zip, Code 11c. Registration/Document Number  12d. Jan 25d. State & Zip, Code 11c. Registration/Document Number  12d. Jan 25d. State & Zip, Code 11c. Registration/Document Number  12d. Jan 25d. State & Zip, Code 11c. Registration/Document Number  12d. Jan 25d. State & Zip, Code 11c. Registration/Document Number  12d. Jan 25d. State & Zip, Code 11c. Registration/Document Number  12d. Jan 25d. State & Zip, Code 11c. Registration/Document Number  12d. Jan 25d. State & Zip, Code 11c. Registration/Document Number  12d. Jan 25d. State & Zip, Code 11c. Registration/Document Number  12d. Jan 25d. State & Zip, Code 11c. Registration/Document Number  12d. Jan 25d. State & Zip, Code 11c. Registration/Document Number  12d. Jan 25d. State & Zip, Code 11c. Registration/Document Number  12d. Jan 25d. State & Zip, Code 11c. Registration/Doc | for the purpose of changing its registered office or r  | egistered agent, or both, in the State of Flori  | od limited partnership<br>da. Such change wa       | o organized or registered under the laws of the<br>as authorized by its general partner(s). I hereby | State of Florida, submits this statement<br>accept the appointment of registered |  |
| MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  11. Name(s) of General Partner(s)  11a. (Do NOT Use Post Office Box Numbers)  CAMBRIDGE ASSOCIATES, INC.  2011 MONTVALE ROAD  MARYVILLE TN 37801  V20498  TO 10 10 27 25 25 7 - 5 - 12 / 30 / 38 - 01053 - 010 8 + ****526 25 ******526 25 ******526 25 ********526 25 ********526 25 ********526 25 ********526 25 ********526 25 ********526 25 ********526 25 ********526 25 ********526 25 ********526 25 *********526 25 *********526 25 *********526 25 **********  |   |  |  |  |  |  |
| CAMBRIDGE ASSOCIATES, INC.  2011 MONTVALE ROAD  MARYVILLE TN 37801  V20498  112. (do Not Use Post Office Box Numbers)  WARYVILLE TN 37801  V20498  V20 | A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. |  |  |  |  |  |
| CAMBRIDGE ASSOCIATES, INC.  2011 MONTVALE ROAD  MARYVILLE TN 37801  V20498  70100273801053010  *****526.25  Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.  12. Ido 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   | 11. Name(s) of General Partner(s)   | 11a. Address of Each General Office Bo           | Numbers) 1'  | 1b. City, State & Zip Code   | Registration/  |  |
| Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.  12. Ido hereby certify that the information supplied with this filling is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of  | CAMBRIDGE ASSOCIATES, INC.  | }  |  | MARYVILLE TN 37801   | V20498   |  |
| 12. I do hereby certify that the Information supplied with this filling is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of  | 3   |  |  | -12/30   | /\$801053010   |  |
|  | 12. I do hereby certify that the information supplied with the  | nis filing is voluntarity furnished and does not | qualify for the exem                               | notion stated in Section 119.07(3)(k), Florida S   | latutes. I release the Division of   |  |