

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

98 DEC 28 PM 2: 12

SECRETARY OF STATE
TALLAHASSEE FLORIDA

1. Name of Limited Partnership

1a. DOCUMENT #
A96000002164

SAMUEL T. BROWN FAMILY PARTNERSHIP, LTD.



Mailing Address

Principal Office Address

~~8041 FT. CAROLINE ROAD~~
~~JACKSONVILLE FL 32277~~

~~8041 FT. CAROLINE ROAD~~
~~JACKSONVILLE FL 32277~~

3. Date Formed or Registered

11/20/1996

5a. Capital Contributions as
Shown on record.

\$1,000,000.00

3a. Date of Last Report

12/24/1997

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

4. State or Country of Formation

FL

6. FEI Number

59-3432544

☐ 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

P.O. Box 11856

Suite, Apt. #, etc.

2a. Principal Office Address

P.O. Box 11856

Suite, Apt. #, etc.

City & State

JACKSONVILLE FL

Zip Country

32239 USA

City & State

JACKSONVILLE, FL

Zip Country

32239 USA

9. Name and Address of Current Registered Agent

10. If changed, new Registered Agent/Office

COLEMAN, C. RANDOLPH
9250 BAYMEADOWS RD., #230
JACKSONVILLE FL 32256

Name

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

Suite, Apt. #, etc.

City

500002744945--8

01/15/99-01/23/00

****526.FL****526.25.

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

CRABTREE, RICHARD F

8041 FT. CAROLINE ROA

JACKSONVILLE FL 32217

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

DATE

12/23/98

Typed or Printed Name of General Partner Signing Form

RICHARD F. CRABTREE

Daytime Telephone Number

904-745-6046

CR2E003 (8/98)