

**FILE ON OR BEFORE APRIL 9, 1999 TO AVOID REVOCATION AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra Morham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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114

1. Name of Limited Partnership

1a. DOCUMENT #

A97000002861

The Grand Forks Limited Partnership



Mailing Address

1090 SO. COLLIER BLVD., #414  
MARCO ISLAND FL 34145

Principal Office Address

1090 SO. COLLIER BLVD., #414  
MARCO ISLAND FL 34145

3. Date Formed or Registered

12/26/97

5a. Capital Contributions as Shown on record.

\$1,000.00

3a. Date of Last Report

n/a

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

2. Mailing Address

2a. Principal Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

4. State or Country of Formation

FL

6. FEI Number

Applied For  
 Not Applicable

7. Certificate of Status Desired

\$8.75 Additional Fee Required

8. Make check payable to: Depl. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent

WOODWARD, CRAIG R ESQUIRE  
606 BALD EAGLE DR., STE. 500  
MARCO ISLAND FL 34145

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)

*[Signature]*

DATE

12/23/97

**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)

BLAIR, WILLIAM C  
BLAIR, MAYFIELD L

11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)

1090 SO. COLLIER BLVD  
1090 SO. COLLIER BLVD

11b. City, State & Zip Code

MARCO ISLAND FL 34145  
MARCO ISLAND FL 34145

11c. Registration/ Document Number

600002402296--8  
-01/15/98-01111-024  
156.25 156.25

**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

*[Signature]*

DATE

12/23/97

Typed or Printed Name of General Partner Signing Form

William C. Blair

Daytime Telephone Number

(941) 394-7688

CR2E003 (11/96)