

FILE ON OR BEFORE APRIL 8, 1998 TO AVOID  
REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP  
ANNUAL REPORT

1998

REINSTATE



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

FILED

00 FEB -7 PM 2:11

SECRETARY OF STATE  
TALLAHASSEE FLORIDA



1. Name of Limited Partnership

1a. DOCUMENT #  
A97000000344

THREE-TWELVE PARK, LTD.

Mailing Address

3545 US 1 SOUTH  
ST AUGUSTINE FL 32086

Principal Office Address

3545 US 1 SOUTH  
ST AUGUSTINE FL 32086

3. Date Formed or Registered

02/05/1997

5a. Capital Contributions as  
Shown on record.

\$1,250,000.00

3a. Date of Last Report

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

2. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

2a. Principal Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. State or Country of Formation

FL

6. FEI Number

59-3423005

☒ 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

BAILEY, JOHN D JR  
780 N. PONCE DE LEON BLVD  
ST AUGUSTINE FL 32084

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)

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)

BLESSINGS MANAGEMENT, INC.

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

3545 US 1 SOUTH

11b. City, State & Zip Code

ST AUGUSTINE FL 32086

11c. Registration/  
Document Number

P97000011526

REINSTATEMENT

1998-  
2000

8000003142589-6  
-02/22/00-01027-006  
\*\*\*3078.75 \*\*\*3078.75

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]* Blessings Management, Inc.

DATE

11/4/98

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

CR2E003 (12/97)