

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

01/08/1998 11:06

1. Name of Limited Partnership

1a. DOCUMENT #  
A97000000708

ST. ANDREWS ONE PARTNERSHIP, LTD.



Mailing Address

P.O. BOX 3487  
ST. AUGUSTINE FL 32085-3504

Principal Office Address

509 ANASTASIA Blvd.  
182 ANASTASIA LAKES DRIVE  
ST. AUGUSTINE FL 32084

3. Date Formed or Registered

03/21/1997

5a. Capital Contributions as  
Shown on record.

\$225,000.00

3a. Date of Last Report

01/08/1998

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

4. State or Country of Formation

FL

6. FEI Number

59-3436251

☐ 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

509 ANASTASIA Blvd.  
Suite, Apt. #, etc.

2a. Principal Office Address

Suite, Apt. #, etc.

City & State

St. Augustine, FL

Zip

32084

Country

St. Johns

City & State

SAME

Zip

Country

9. Name and Address of Current Registered Agent

HAHNEMANN, ROBERT

182 ANASTASIA LAKES DRIVE 509 ANASTASIA Blvd.  
ST. AUGUSTINE FL 32084

10. If changed, new Registered Agent/Office

Name

Robert Hahnemann

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

509 ANASTASIA Blvd.

Suite, Apt. #, etc.

City

St. Augustine

FL

Zip Code

32084

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)

OXFORD COMMUNITIES, INC.

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

182 ANASTASIA LAKES D

11b. City, State & Zip Code

ST. AUGUSTINE FL 3208

11c. Registration/  
Document Number

P97000018071

PRO0002801472-26  
-03/10/99--01098--005  
\*\*\*\*526.50 \*\*\*\*526.50

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

Typed or Printed Name of General Partner Signing Form

Robert Hahnemann

Daytime Telephone Number

904-824-9912

CR2E003 (8/98)