

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

**LIMITED PARTNERSHIP
ANNUAL REPORT
1998**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

98 APR -6 PM 3:45



1. Name of Limited Partnership	1a. DOCUMENT # A97000000895
COOPER, BARNETTE & PAGE OF FL, LTD.	

Mailing Address 4093 INDIAN TRAIL DESTIN FL 32541		Principal Office Address 4093 INDIAN TRAIL DESTIN FL 32541		3. Date Formed or Registered 04/21/1997	5a. Capital Contributions as Shown on record. \$500.00
2. Mailing Address PO Box 1540		2a. Principal Office Address		3a. Date of Last Report	5b. Amount of Capital Contributions in FLORIDA to date: 500.00
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. State or Country of Formation FL	
City & State WINDER, GA		City & State		6. FEI Number 59-3441992	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip 30680		Country USA		7. Certificate of Status Desired <input type="checkbox"/>	\$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 COOPER, RONALD G 4093 INDIAN TRAIL DESTIN FL 32541	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City 300002486823-1 -04/13/98-01401-010 ****156.25-****156.25
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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) DOLPHIN DUNES COMPANY	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 4093 INDIAN TRAIL	11b. City, State & Zip Code DESTIN FL 32541	11c. Registration/Document Number P96000012102
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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 *R. Barnett* **see.** DATE **4.4.98**
Typed or Printed Name of General Partner Signing Form **DOLPHIN DUNES COMPANY**
Typed or Printed Name of General Partner Signing Form **R. Barnett**
Typed or Printed Name of General Partner Signing Form **see.**
Typed or Printed Name of General Partner Signing Form **770-307-1734**

CR2E003 (12/97)