## 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

1. Name of Limited Partnership

1a. DOCUMENT # A9700000998

FILEO SECRETARY OF STATE DIVISION OF CORPORATIONS

98 NOV 30 AM 10: 20



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Mailing Address	Principal Office Address		3. Date Formed or Registered	<b>5a.</b> Capital Contributions as Shown on record.
1600 INDEPENDENT SQUARE	1600 INDEPENDENT SOUARE		04/24/1997	04 000 000 00
JACKSONVILLE FL 32202	JACKSONVILLE FL 32202		3a. Date of Last Report	\$1,000,000.00
			11/21/1997	5b. Amount of Capital Contributions in FLORIDA
2. Mailing Address	2a. Principal Office Address	-	4. State or Country of Formation	to date:
1 Independent Drive	•	Drive	FL	
Suite, Apt. #, etc.	L Independent Suite, Apt. #, etc.	10-11-11-11-11-11-11-11-11-11-11-11-11-1	6. FEI Number 59-3237257	Applied For
<u>Suite 1600</u>	Suite 1600			Applied For Not Applicable
City & State  Jacksonville, FL	City & State	Jacksonville, FL		
Zip Country		Country	7. Certificate of Status Desired	\$8.75 Additional Fee Required
32202-5009 USA	· •	USA	8. Make check payable to: Dept. of \$	State (See reverse side for fee information)
9. Name and Address of Current Registered Agent			10. If changed, new Registered Agent/Office	
		Name		
WILLIAMS, L D	Street Address		(P.O. Box Number Is Not Acceptable)	
1600 INDEPENDENT SQUARE	1 Indepe		pendent Drive	
JACKSONVILLE FL 32202	Suite 16			
	City		Zip Code	
40 - Description of the section of t	COO 100 Floride Chaban the shows accord		nville	
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	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)	1 4 4 4 4 4 5 4 5 6 4 5 6 4 4 5 6 4 4 5 6 4 4 4 4	Barrier S.	b. City, State & Zip Code	11c. Registration/
11. Resides) of Gestelas Paracet(s)	11a. (Do NOT Use Post Office Sox	Numbers)	D. Oity, State & Zip Odda	DOCUMENT NUMBER
GREEN EARTH HOLDINGS, INC	1600-INDEPENDENT SQUA	4-	JACKSONVILLE FL 32202	P94000017278 (8688)
	1 Independent D	rive		00
	Suite 1600			1 28
			3000027	
			-12/08/ <u>9</u>	8 U1U48U15     25   ****526.25
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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 filling 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.				
A A A	^	V		
SIGNATURE				
Typed or Printed Name of General Partner Signing Form L. D. Williams Daytime Telephone Number 904/634-8808				
Typed of Printed Name of General Parties Signing Form	. D. WIIIIAMS		Daytime Telephone Number 9	04/634-8808