

FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT
TO 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

97 SEP 25 AM 11:29

1. Name of Limited Partnership

1a. DOCUMENT #
A97000001211

DEEP FOREST TIMBER CO., LTD.



9-25

Mailing Address

Principal Office Address

4240 LAKESIDE DRIVE
JACKSONVILLE FL 32210

4240 LAKESIDE DRIVE
JACKSONVILLE FL 32210

2. Mailing Address

2a. Principal Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

3. Date Formed or Registered

05/28/1997

3a. Date of Last Report

4. State or Country of Formation

FL

6. FEI Number

59-3447986

7. Certificate of Status Desired



\$8.75 Additional
Fee Required

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

5a. Capital Contributions as
Shown on record.

\$15,000,000.00

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

9,997,000

☐ Applied For
☐ Not Applicable

9. Name and Address of Current Registered Agent

10. If changed, new Registered Agent/Office

PURCELL, THOMAS K

~~225 WATER STREET, SUITE 1235~~

~~JACKSONVILLE FL 32202~~

Name

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

1548 Lancaster Terrace

Suite, Apt. #, etc.

City

Jacksonville

FL

Zip Code

32204

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 9/8/97

**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)

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

11b. City, State & Zip Code

11c. Registration/
Document Number

DEEP FOREST TIMBER CO., INC.

4240 LAKESIDE DRIVE

JACKSONVILLE FL 32210

P97000047728

400002303594--8
-09/25/97--01087--002
*****541.24 *****541.24

400002303594--8
-09/25/97--01087--003
*****0.01 *****0.01

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 689, Florida Statutes.

SIGNATURE By:

DATE Sep 9, 1997

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

904/355-0355

CR2ED03 (6/97)