## 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 FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

98 DEC 11 AM 10: 54

1. Name of Limited Partnership	1a. DOCUMI A97000001									
DEEP FOREST TIMBER CO., L										
Mailing Address	Principal Office Address			Date Formed or Registered     Sa. Capitat Contributions as Shown on record.						
4240 LAKESIDE DRIVE JACKSONVILLE FL 32210	4240 LAKESIDE DRIVE JACKSONVILLE FL 32210			05/28/1997 3a. Date of Last Report 09/25/1997	\$15,000,000.00  5b. Amount of Capital Contributions in FLORIDA					
2. Mailing Address	2a. Principal Office Address			4. State or Country of Formation	to date:					
Suite, Apt. #, etc.	Suite, Apt. #, etc.			6. FEI Number	9,960,561,88  Applied For					
City & State	City & State			59-3447986		Not Applicable				
Zip Country	Zip Country			7. Certificate of Status Desired 8. Make check payable to: Dept. of St	\$8.75 Additional Fee Required  of State (See reverse side for fee information)					
9. Name and Address of Current R	Registered Agent	· · · · · · · · · · · · · · · · · · ·		10. If changed, new Registered	Agent/Office					
PURCELL, THOMAS K	·····	Name	Name							
1548 LANCASTER TERRACE			Street Address (P.O. Box Number Is Not Acceptable)							
JACKSONVILLE FL 32204		Suite, Apt. #, etc.								
	City			FL Zip Code						
10a. Pursuant to the provisions of sections 620.1051 and to for the purpose of changing its registered office or regard. I am familiar with, and accept the obligations of the purpose of the purpose of changing its registered to the purpose of the	ristered agent, or both, in the State of Florid	I limited partne a. Such chang	rship organiz e was author	ted or registered under the laws of the strized by its general partner(s). I hereby	State of Florid accept the ap	a, submits this statement pointment of registered				
A GENERAL PARTNER THAT I	S A CORPORATION, L	IMITED	PARTI	NERSHIP OR OTHER	RBUSI	NESS ENTITY				
11. Name(s) of General Partner(s)	Address of Each General	BE REGISTERED AND ACTIVE W  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					
				0000027 -12/15/9 ****526	1 36 8010 3.25	<b>704</b> 98012 ****526.25				
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 votuntarily 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 St this annual report is true and accurate and that my signs										

	NI	ΑТ	1 1	_	
 	IV.	<b>4</b> 1	L I	▭	_

DATE REC 1, 1998