

FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT  
TO REVOCATION AND \$500 PENALTY FEE

FILED

97 OCT 17 PM 2:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

LIMITED PARTNERSHIP  
ANNUAL REPORT  
1998



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

1. Name of Limited Partnership

1a. DOCUMENT #  
A97000001259

ADR INVESTMENTS, LTD.

98-AR  
cas cm



Mailing Address

C/O AMERICAN DREAM REALTY OF JAX. INC.  
10650 HAVERFORD ROAD, SUITE 4  
JACKSONVILLE FL 32218

Principal Office Address

C/O AMERICAN DREAM REALTY OF JAX. INC.  
10650 HAVERFORD ROAD, SUITE 4  
JACKSONVILLE FL 32218

2. Mailing Address

10650 Haverford Rd

Suite, Apt. #, etc.

Suite 4

City & State

Jacksonville, FL

Zip

32218

Country

2a. Principal Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

3. Date Formed or Registered

06/09/1997

3a. Date of Last Report

4. State or Country of Formation

FL

6. FEI Number

☒ 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)

9. Name and Address of Current Registered Agent

COLEMAN, C. RANDOLPH  
9250 BAYMEADOWS ROAD, SUITE 230  
JACKSONVILLE FL 32256

10. If changed, new Registered Agent/Office

Name

Street Address (P.O. Box Number is not acceptable)

200002324762--B

Suite, Apt. #, etc.

-10/20/97--01156--001

City

\*\*\*550.00

\*\*\*550.00

FL

Zip Code

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)

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

11b. City, State & Zip Code

11c. Registration/  
Document Number

AMERICAN DREAM REALTY OF JAX

10650 HAVERFORD ROAD,

JACKSONVILLE FL 32218

J44635

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

Mark A. Deary, President of American Dream Realty of Jax, Inc.

DATE

10/10/97

Typed or Printed Name of General Partner Signing Form

Mark A. Deary

Daytime Telephone Number

904-757-4700

CR2E003 (6/97)