

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 OCT -6 PM 4:11

1. Name of Limited Partnership

1a. DOCUMENT #  
A97000001271

EEN PARTNERSHIP, LTD.



Mailing Address

ERNST NICOLITZ, M.D.  
1431 CADDELL DR.  
JACKSONVILLE FL 32207

Principal Office Address

ERNST NICOLITZ, M.D.  
1431 CADDELL DR.  
JACKSONVILLE FL 32207

3. Date Formed or Registered

06/05/1997

3a. Date of Last Report

12/31/1997

4. State or Country of Formation

FL

5a. Capital Contributions as  
Shown on record.

\$600,000.00

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

0.00

2. Mailing Address

2a. Principal Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

32217

Country

Zip

32217

Country

6. FEI Number 59-3457458

APPLIED FOR

☐ 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 RD., STE. 230  
JACKSONVILLE FL 32258

10. If changed, new Registered Agent/Office

Name

600002658175--3  
10/07/98-01090--021

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

\*\*\*141.25 \*\*\*141.25

Suite, Apt. #, etc.

City

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)

NICOLITZ, ERNST M.D.

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

1431 CADDELL DRIVE

11b. City, State & Zip Code

JACKSONVILLE FL 32207  
32217

11c. Registration/  
Document Number

10-4

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

DATE

9/30/98

Typed or Printed Name of General Partner Signing Form

Ernst Nicolitz, MD

Daytime Telephone Number

CR2E003 (8/98)