

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	
1. Name of Limited Partnership Block Family Partnership of Gainesville, Ltd.		1a. DOCUMENT # A97000001958	
Mailing Address 2906 S. W. 2nd Ave. Gainesville, FL 32607		Principal Office Address 2906 S. W. 2nd Ave. Gainesville, FL 32607	
2. Mailing Address 2906 S. W. 2nd Avenue Suite, Apt. #, etc. City & State Gainesville, FL Zip Country 32607		2a. Principal Office Address 2906 S. W. 2nd Avenue Suite, Apt. #, etc. City & State Gainesville, FL Zip Country 32607	
		3. Date Formed or Registered 9/11/97	
		3a. Date of Last Report N/A	
		4. State or Country of Formation Florida	
		5a. Capital Contributions as Shown on record. \$3,056,340.00	
		5b. Amount of Capital Contributions in FLORIDA to date: \$3,056,340.00	
		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 Seymour S. Block 2906 S. W. 2nd Avenue Gainesville, FL 32607		10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) 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)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/ Document Number
Seymour S. Block	2906 S. W. 2nd Avenue	Gainesville, FL 32607	
Gertrude H. Block	2906 S. W. 2nd Avenue	Gainesville, FL 32607	
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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 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 Seymour S. Block Gertrude H. Block DATE 11/17/97
Typed or Printed Name of General Partner Signing Form Daytime Telephone Number 352-372-8194

CR2E003 (6/97)