

**FILE ON OR BEFORE APRIL 8, 1998 TO AVOID  
REVOCATION AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP  
ANNUAL REPORT  
**1998**



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

1. Name of Limited Partnership

1a. DOCUMENT #  
**A97000002177**

**HASKELL REALTY DEVELOPERS MASTER LIMITED PARTNERSHIP**

**FILED**

**98 FEB 13 PM 2:00**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**



Mailing Address Principal Office Address

111 RIVERSIDE AVENUE  
JACKSONVILLE FL 32202

111 RIVERSIDE AVENUE

JACKSONVILLE FL 32202

3. Date Formed or Registered

**10/09/1997**

5a. Capital Contributions as  
Shown on record.

**\$10.00**

3b. Date of Last Report

**N/A**

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

2. Mailing Address

2a. Principal Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

6. FEI Number

Applied For  
 Not Applicable

City & State

City & State

7. Certificate of Status Desired

\$8.75 Additional  
Fee Required

Zip Country

Zip Country

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

9. Name and Address of Current Registered Agent

10. If changed, new Registered Agent/Office

VANDERGRIFF, C. EDWARD  
111 RIVERSIDE AVENUE  
JACKSONVILLE FL 32202

Name

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

Suite, Apt. #, etc.

City

Zip Code

**FL**

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

HASKELL DEVELOPMENT, INC.

111 RIVERSIDE AVENUE

JACKSONVILLE FL 32202

L37848

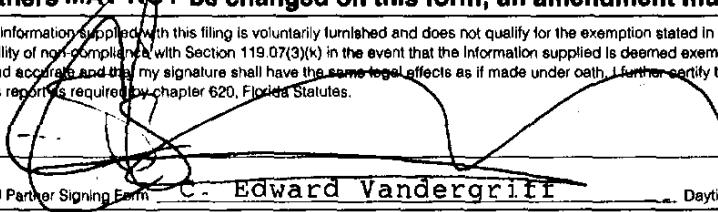
200002436672--4  
-02/20/98--01094--006  
\*\*\*\*150.00 \*\*\*\*150.00

5250 88.75 8.75 dec

**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 effect 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 **2/27/98**

Typed or Printed Name of General Partner Signing Form

C. Edward Vandergriff

Daytime Telephone Number **(904) 791-4500**

CR2E003 (12/97)