

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
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

98 DEC 14 AM 9:12

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12/17

1. Name of Limited Partnership	1a. DOCUMENT # A97000002177
HASKELL REALTY DEVELOPERS MASTER LIMITED PARTNERSHIP	



Mailing Address 111 RIVERSIDE AVENUE JACKSONVILLE FL 32202	Principal Office Address 111 RIVERSIDE AVENUE JACKSONVILLE FL 32202	3. Date Formed or Registered 10/09/1997	5a. Capital Contributions as Shown on record. \$10.00
		3a. Date of Last Report 02/13/1998	5b. Amount of Capital Contributions in FLORIDA to date:
2. Mailing Address	2a. Principal Office Address	4. State or Country of Formation FL	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	6. FEI Number 99-3499545	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
City & State	City & State	7. Certificate of Status Desired A	\$8.75 Additional Fee Required
Zip	Country	8. Make check payable to: Dept. of State (See reverse side for fee information)	

9. Name and Address of Current Registered Agent VANDERGRIFT, C. EDWARD 111 RIVERSIDE AVENUE JACKSONVILLE FL 32202	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code
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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) HASKELL DEVELOPMENT, INC.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 111 RIVERSIDE AVENUE	11b. City, State & Zip Code JACKSONVILLE FL 32202	11c. Registration/ Document Number L37846
000002716778--4 -12/18/98--01103--010 ****150.00 ****150.00			

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 C. Edward Vandergriff

DATE

11-2-98

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

(904) 791-4500

CR2E003 (8/98)