

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

1. Name of Limited Partnership

1a. DOCUMENT #  
A97000002754

FLA #1763, LTD.

Mailing Address

% RAMSEY DEVELOPMENT, INC.  
6950 PHILLIPS HWY, SUITE 28  
JACKSONVILLE FL 32216

Principal Office Address

% RAMSEY DEVELOPMENT, INC.  
6950 PHILLIPS HWY, SUITE 28  
JACKSONVILLE FL 32216

2. Mailing Address

Suite, Apt. #, etc.

City & State

Zip      Country

2a. Principal Office Address

Suite, Apt. #, etc.

City & State

Zip      Country

3. Date Formed or Registered

12/16/1997

3a. Date of Last Report

12/22/1997

4. State or Country of Formation

FL

5a. Capital Contributions as  
Shown on record.

\$1,000.00

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

\$1,000.00

6. FEI Number

59-3480559

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

MICKLER, ROBERT O ESQ.  
ONE INDEPENDENT DRIVE, SUITE 3000  
JACKSONVILLE FL 32202

10. If changed, new Registered Agent/Office

Name

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

400002742954-3

Suite, Apt. #, etc.

-01/15/99-01802-005  
\*\*\*\*988-15 \*\*\*\*141-25

City

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

THE WILCOX GROUP, INC.

4451 ATLANTA ROAD, SU  
6950 Phillips Hwy, Suite 28

SMYRNA GA 30080-6556

Jacksonville, FL 32216

P97000106253

*#4125*

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

*Keith B. Dermond*

DATE

12/15/98

Typed or Printed Name of General Partner Signing Form *Keith B. Dermond (Wilcox Group)* Daytime Telephone Number *904-332-6900*

CR2E003 (B/98)