

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
John B. Northcutt
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

98 MAR 27 PM 12:30

1. Name of Limited Partnership Dowling Management Limited f/k/a Dowling Limited Partnership		1a. DOCUMENT # A97000002761	
Mailing Address 705 West Madison Street Tallahassee, FL 32304		Principal Office Address 705 West Madison Street Tallahassee, FL 32304	
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 12/18/97		5a. Capital Contributions as Shown on record \$6,982,985 \$7,402,985.00	
3a. Date of Last Report N/A		5b. Amount of Capital Contributions in FLORIDA to date \$6,902,985.00	
4. State or Country of Formation Florida		6. FEI Number 59-3483048 ☐ 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

**James H. Dowling, Jr.
705 West Madison Street
Tallahassee, Florida 32304**

10. If changed, now Registered Agent/Office

Name
Street Address (P.O. Box Number)
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
James H. Dowling, Jr. Catherine Lee Dowling	522 Vinnedge Drive 522 Vinnedge Drive	Tallahassee, FL 32303 Tallahassee, FL 32303	

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

Typed or Printed Name of General Partner Signing Form

James H. Dowling, Jr.

Daytime Telephone Number

(850) 222-2616

CR2E003 (6/97)