## FILF ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

## LIMITED PARTNERSHIP ANNUAL REPORT 1999



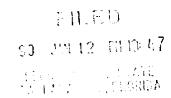
FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

1. Name of Limited Partnership

**DOCUMENT#** A97000002761



			) 7007011 1070 1071 10711 00711 90711 00711 00711 00711 00711 00711 00710 01711 10710 01701 10711	
Mailing Address	Principal Office Address		3. Date Formed or Registered	5a. Capital Contributions as Shown on record
705 WEST MADISON STREET TALLAHASSEE FL 32304	706 WEST MADISON STREET TALLAHASSEE FL 32304		12/18/1997 3a. Date of Last Report	\$7,402,985.00
			03/27/1998 4. State or Country of Formation	5b. Amount of Capital Contributions in Ft OR(I)A to date
2. Mailing Address PO BOX 308	2a. Principal Office Address		FL	7,402,985.00
Suite, Apt. #, etc.	Suite, Apt #, etc  City & State  Zip Country		6. FE! Number	☐ Applied For
City & State TALLAHASSEE, FL			59-3483048	Not Applicable
Zip Country 32302			7. Certificate of Status Desired \$8.75 Additional Fee Require 18. Make these processes selection administration	
9. Name and Address of Cu	rrent Registered Agent		10. If changed new Registers	ed Agent/Office
DOWLING, JAMES H JR. 705 WEST MADISON STREET TALLAHASSEE FL 32304		Name		
INLLATINGGEE PE 32304		City		Zip Code
10a. Pursuant to the provisions of sections 520 10t for the purpose of changing its registered offic agent. I am familiar with, and accept the obliging	e or registered agent, or both, in the State of			
SIGNATURE (Registered Agent Accepting Appointment	)		DATE	
A GENERAL PARTNER TH	AT IS A CORPORATION			ER BUSINESS ENTITY
11. Name(s) of General Partner(s)	11a. Address of Each Gr (Do NOT Use Post Office	eneral Partner Le Box Numbers) 11	b. City, State & Zip Code	11c. Registration/ Document Number

DOWLING, JAMES H JR.

DOWLING, CATHERINE L

705 WEST MADISON STRE

**522 VINNEDGE DRIVE** 

TALLAHASSEE FL 32304

TALLAHASSEE FL 32303

COUCHCHE! 46:51 200-7 02/03/30-01035-013 \*\*\*\*528.25 \*\*\*\*528.25

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 firing is voluntarily furnished and does not qualify for the exemption stated in Section 119 07(3)(k). Fronda 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 across. I further certify that the information indicated on this annual report is que and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that that are a General Partner of the limited purtnership, receiver or hustine empowered to execute this people as required by chapter 620. Florida Statutes.

SIGNATURE 1

Typed or Printed Name of General Partner Signing Forn

12/4/90

Daylinic Telephone Number