

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
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

98 JAN -2 AM 10:45

1. Name of Limited Partnership McCall and Pace Properties, Ltd.		1a. DOCUMENT # A97000002859	
Mailing Address 4690 US 1 South St Aug. FL 32086		Principal Office Address SAME	
3. Date Formed or Registered 12/26/97		5a. Capital Contributions as Shown on record 2,000.00	
3a. Date of Last Report		5b. Amount of Capital Contributions in FLORIDA to date 2,000.00	
4. State or Country of Formation FL. St Johns		6. FLL Number ☒ 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)	
Mailing Address ABOVE		2a. Principal Office Address ABOVE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip Country		Zip Country	

9. Name and Address of Current Registered Agent RONALD CLARK 501 ST JOHNS AVE PALAKA FL. 32177		10. If changed, new Registered Agent/Office Name Street Address/P.O. Box Number Is Not Applicable 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 12/30/97

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) Ray C. McCall	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 4690 US 1 South St Aug. FL 32086	11b. City, State & Zip Code ST Aug FL.	11c. Registration/ Document Number 12/26/97 TALL FL.
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Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I 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 12/30/97