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

LIMITED PARTNERSHIP



FLORIDA DEPARTMENT OF STATE

FILED

ANNUAL REPORT 1999	Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		NS	SECRETARY OF STATE DIVISION OF COPPORATIONS			
1. Name of Limited Partnership	1a. DOCUMENT # A9800001044			99 JAN -5 1	PH 2: 3	0	
PARSONS HOLDINGS, LTD.				01/2			
Mailing Address	Principal Office Address			3. Date Formed or Registered	5a. Capital Contributions as		
% BARCLAY GROUP 1123 OVERCASH DRIVE DUNEDIN FL 34698	% BARCLAY GROUP 1123 OVERCASH DRIVE DUNEDIN FL 34698	-	04/29/1998 3a. Date of Lest Report	\$100.00			
2. Mailing Address	2a. Principal Office Address			4. State or Country of Formation FL			
Suite, Apt. #, etc.	Suite, Apt. #, etc.			6. FEI Number	Applied For		
City & State	City & State			579-35//63 7. Certificate of Status Desired	<u>کہ ک</u>	Not Applicable \$8.75 Additional	
Zip Country	Zip	Country		8. Make check payable to: Dept. of S		Fee Required	
9. Name and Address of Current	Registered Agent			10. If changed, new Registered	Agent/Office		
		Name					
101 EAST KENNEDY BLVD., SUITE 3700		Street Addre	dress (P.O. Box Number is Not Acceptable)				
<u> </u>		Suite, Apt. #	#, etc.				
		City			FL	Zip Code	\dashv
10a. Pursuant to the provisions of sections 620.1051 and for the purpose of changing its registered office or reagent. I am familiar with, and accept the obligations	gistered agent, or both, in the State of Florid				State of Florida		
SIGNATURE (Registered Agent Accepting Appointment)	· <u>—</u> _ ·— <u>-</u>			DATE_			
A GENERAL PARTNER THAT MUST	BE REGISTERED AN	D ACTIV	PARTI E WIT	NERSHIP OR OTHE H THIS OFFICE.	RBUSIN		Y
11. Jame(s) of General Partner(s)	11a. Address of Each Genera (Do NOT Use Post Office Bo	Partner x Numbers)	11b.	City, State & Zip Code	11c.	Registration/ Document Number	
OREGON PROPERTIES,INC.	1123 OVERCASH DRIVE		DUNEDIN FL 34698		J14545		
				800002° -01/22 ****1	7522 /8901 11.25	235 116-012 ****141.25	Jacas
Note: General partners MAY NOT	be, changed on this form	ı; an ame	endmer	it must be filed to cha	⊔ nge a ge	neral partne	r.
12. I do hereby certify that the information supplied with the Corporations from any liability of non-compliance with this annual report is true and accurate and that my sign empowered to execute this report as required by chapter.	Filling is volontarily furnished and does not section 19.07(3)(k) in the event that the infiniture shall have the same level effects as it	qualify for the	exemption st	ated in Section 119.07(3)(k), Florida Str d exempt from public access. I further ocurrify that I am a General Partner of the	atutes. I release certify that the i te limited partn	the Division of nformation indicated o ership, receiver or trus	
SIGNATURE	VV			DATE	12/30	198	