

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
DIVISION OF CORPORATIONS

A98000002782

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 JAN 13 AM 11:13

1. Name of Limited Partnership

1a. DOCUMENT #
A 98000002782

SKAGFIELD LIMITED PARTNERSHIP

Mailing Address

Principal Office Address

3. Date Formed or Registered

Dec 17, 1998

5a. Capital Contributions as
Shown on record.

\$4,000,000

3a. Date of Last Report

N/A

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

\$1,000

4. State or Country of Formation

Florida

6. FEI 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)

2. Mailing Address

PO Box 753

Suite, Apt. #, etc.

City & State

Tallahassee, FL

Zip Country

32302 USA

2a. Principal Office Address

270 Crossway Road

Suite, Apt. #, etc.

City & State

Tallahassee, FL

Zip Country

32310 USA

9. Name and Address of Current Registered Agent

HILMAR S. SKAGFIELD
270 CROSSWAY ROAD
TALLAHASSEE, FL 32310

10. If changed, new Registered Agent/Office

Name

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

600002747376--2

Suite, Apt. #, etc.

-01/20/99--01031--002

City

***141.25 ***141.25

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

HILMAR S. SKAGFIELD

270 CROSSWAY ROAD

TALLAHASSEE, FL 32310

HILMAR O. SKAGFIELD

270 CROSSWAY ROAD

TALLAHASSEE, FL 32310

OK
1/13/99

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

12/17/98

Typed or Printed Name of General Partner Signing Form

HILMAR S. SKAGFIELD

Daytime Telephone Number

(850) 878-1144

CR2E003 (8/98)