

**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  SKAGFIELD LIMITED PARTNERSHIP		1a. DOCUMENT # A 98000002782	
2. Mailing Address PO Box 753 Suite, Apt. #, etc. City & State Tallahassee, FL Zip 32302 USA		2a. Principal Office Address 270 Crossway Road Suite, Apt. #, etc. City & State Tallahassee, FL Zip 32310 USA	
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 <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
7. Certificate of Status Desired <input type="checkbox"/> \$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  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. -01720739--01031--002 City ***141.25 ***141.25 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

**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	

MK  
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

*Hilmar S. Skagfield*

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)