

**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

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|--|--|---|--|
| 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 | |
| 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 | |
|--|--|--|--|

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)