

**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
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED *W/11/4*
98 NOV -4 PM 3: 19
SECRETARY OF STATE
TALLAHASSEE FLORIDA



1. Name of Limited Partnership
BUCKEYE FLORIDA, LIMITED PARTNERSHIP

1a. DOCUMENT #
B93000000112

Mailing Address MEMPHIS, TN MEMPHIS, TN	Principal Office Address STATE ROAD 30, ROUTE 3, BOX 260 PERRY FL 32347
2. Mailing Address P.O. Box 80407	2a. Principal Office Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State Memphis, Tn.	City & State
Zip Country 38108-0407	Zip Country

3. Date Formed or Registered 03/16/1993	5a. Capital Contributions as Shown on record. \$25,000,000.00
3a. Date of Last Report 11/24/1997	
4. State or Country of Formation DE	5b. Amount of Capital Contributions in FLORIDA to date:
6. FEI Number 59-3161530	<input type="checkbox"/> Applied For <input checked="" 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 CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525	10. If changed, new Registered Agent/Office	
	Name	
	Street Address (P.O. Box Number Is Not Acceptable)	
	Suite, Apt. #, etc.	
	City	Zip Code FL

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
BUCKEYE FLORIDA CORPORATION	1001 TILLMAN ST	MEMPHIS TN 38108	F93000000388
			800002681358--6 -11/05/98--01071--002 ****526.25 ****526.25

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 By: *Sheila Jordan Cunningham* DATE 10/28/98
Sheila Jordan Cunningham, Secretary
Typed or Printed Name of General Partner Signing Form Daytime Telephone Number (901) 320-8409

CR2E003 (8/98)