

FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP  
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

97 JAN 16 PM 3: 51



1. Name of Limited Partnership  
**CHARTWELL CAPITAL PARTNERS, LIMITED PARTNERSHIP**

1a. DOCUMENT #  
**B9400000458**

Mailing Address  
**121 W. FORSYTH STREET, SUITE 200  
JACKSONVILLE FL 32202**

Principal Office Address  
**1610 INDEPENDENT SQUARE  
JACKSONVILLE FL 32202**

3. Date Formed or Registered  
**11/10/1994**

5a. Capital Contributions as  
Shown in Record  
**\$100,000.00**

3a. Date of Report  
**04/30/1996**

5b. Amount of Capital  
Contributions in FLORIDA  
to date:  
**\$7,500.00**

2. Mailing Address  
**1610 Independent Square**

2a. Principal Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**Jacksonville, FL**

City & State

Zip Country  
**32202 USA**

Zip Country

4. State or Country of Formation  
**DE**

6. SSN  
**59-3271850**

☐ 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)

9. Name and Address of Current Registered Agent

**MILLER, ROBERT L  
121 W. FORSYTH STREET, SUITE 200  
JACKSONVILLE FL 32202**

10. If changed, new Registered Agent/Office

Name  
**Arminia M. Lanigan**  
Street Address (P.O. Box Number Is Not Acceptable)  
**1610 Independent Square**  
Suite, Apt. #, etc.  
City  
**Jacksonville** FL Zip Code  
**32202**

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)

*Arminia M. Lanigan*

DATE **1-13-97**

**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)  
**CHARTWELL PARTNERS, L.P.**

11a. Address of Each General Partner  
(Do NOT Use Post Office Box Numbers)  
**1610 INDEPENDENT SQUA**

11b. City, State & Zip Code  
**JACKSONVILLE FL 32202**

11c. Registration/  
Document Number  
**B9400000457**

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-01/23/97--01051--008  
\*\*\*\*191.25 \*\*\*\*191.25

**KWM**

**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

*Anthony M. Lanigan*

DATE **1/14/97**

Typed or Printed Name of General Partner Signing Form

**ANTHONY M. LANIGAN**

Daytime Telephone Number

**904. 355-7579**

CR2E003 (6/96)