

**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

96 DEC 23 PM 3:57

**1. Name of Limited Partnership**  
Eagles Landing II, Ltd.

**1a. DOCUMENT #**  
B96000000418

**Mailing Address**  
2750 Old St. Augustine Road  
Tallahassee, FL 32301

**Principal Office Address**  
Same

**3. Date Formed or Registered**  
10-29-96

**5a. Capital Contributions as Shown on record**  
\$21,780.00

**3a. Date of Last Report**  
N/A

**5b. Amount of Capital Contributions in FLORIDA to date**  
\$21,780.00

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

**6. FEI Number**  
application attached ☒ 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**  
Suite, Apt. #, etc.  
City & State  
Zip Country

**2a. Principal Office Address**  
Suite, Apt. #, etc.  
City & State  
Zip Country

**9. Name and Address of Current Registered Agent**

**10. If changed, new Registered Agent/Office**

W. Gordon Thames, Jr.  
2750 Old St. Augustine Road  
Tallahassee, FL 32301

Name  
Street Address (P.O. Box Number is Not Acceptable)  
200002049372--0  
Suite, Apt. #, etc.  
-01/07/97--01157--013  
City  
\*\*\*\*301.50 \*\*\*\*301.50  
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) W. Gordon Thames, Jr. DATE December 10, 1996

**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          |
|-----------------------------------|---|---|--|
| Arbor Properties, Inc.            | <del>2005 Woodrow Wilson Blvd</del><br>2750 Old St. Augustine Road        | <del>Tallahassee, FL 32301</del><br>Tallahassee, FL 32301 | <del>406406</del><br>406406<br><br>KWM/cus |

**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 W. Gordon Thames, Jr., its Vice President DATE December 10, 1996

Typed or Printed Name of General Partner Signing Form Arbor Properties, Inc. Daytime Telephone Number 904-656-7667

CR2E003 (6/96)