## 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** 

1. Name of Limited Partnership

**DOCUMENT#** B9800000184

FILED

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SECRETARY OF STATE TALLAHASSEE, FLORIDA



| FLORVEST EIGHT, LIMITED PARTNERSHIP   |   |  |   |  |                          |  |
|---|---|--|---|--|--------------------------|--|
| Mailing Address   | Principal Office Address                                |  | 3. Date Formed or Registered  | 5a. Capital Contributions as<br>Shown on record.   |                          |  |
| 3340 PEACHTREE ROAD. SUITE 1460<br>ATLANTA GA 30326   | 3340 PEACHTREE ROAD. SUITE 1460<br>ATLANTA GA 30326     |  | 03/27/1998<br>3a. Date of Last Report   | \$1,000.00   |                          |  |
| 2. Mailing Address  | 23 Dissipal Office Address                              |  | 4. State or Country of Formation  | 5b. Amount of Capital<br>Contributions in FLORIDA<br>to date:  |                          |  |
| Z. Mailing Address  | 2a. Principal Office Address                            |  | GA  |  |                          |  |
| Suite, Apt. #, etc.   | Suite, Apt. #, etc.                                     |  | 6. FEI Number 58–2383572  | Applied For Not Applicable   |                          |  |
| City & State  | City & State  |  | 7. Certificate of Status Desired  |  |                          |  |
| Zip Country   | Zip Country   |  | 8. Make check payable to: Dept. of State (See reverse side for fee Information) |  |                          |  |
|   |   |  | O. Wake Creck payable to. Dept. of S  | 22 man a rock behavior to behavior of the month and the mo |                          |  |
| 9. Name and Address of Current Registered Agent   |   |  | 10. If changed, new Registered Agent/Office                                     |  |                          |  |
| C T CORPORATION SYSTEM  |   | Name   |   |  |                          |  |
| 1200 SOUTH PINE ISLAND ROAD   |   | Street Address (P.O. Box Number Is Not Acceptable) |   |  |                          |  |
| PLANTATION FL 33324   | Suite, Apt. #, etc.                                     |  |   |  |                          |  |
|   | City  |  | FL Zip Code   |  |                          |  |
| 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 (Do NOT Use Post Office Bo |  | City, State & Zip Code  |  | istration/<br>ent Number |  |
| ESD PROPERTIES, INC.  | 1051-H JOHNNIE DODDS                                    |  | . PLEASANT SC 29464   | F9700000224 88<br>790822 88<br>8801052002 8  |                          |  |
| •   |   |  | 2000026790822<br>-11/03/8801052002<br>****150.00 ****150.00                     |  |                          |  |
|   |   |  |   |  |                          |  |
| <b>E</b>  |   |  | AL NOV - 2 1998   |  |                          |  |
| 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 John H. Disher, Vice President, ESDProperties, Inc., DATE 10/27/98  |   |  |   |  |                          |  |
| Typed or Printed Name of General Partner Signing Form General Partner Florvest Eight Limited Daytime Telephone Number 8430881-7550  |   |  |   |  |                          |  |