

**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. Matham
Secretary of State
DIVISION OF CORPORATIONS

SEC. DIVISION
99 JAN 21 PM 3:26

1. Name of Limited Partnership:

1a. DOCUMENT #
B98000000281

CHARTWELL SPMM, L.P.

Mailing Address:

1610 INDEPENDENT SQUARE
JACKSONVILLE FL 32202

Principal Office Address:

1610 INDEPENDENT SQUARE
JACKSONVILLE FL 32202

2. Mailing Address:

Suite, Apt. #, etc.

City & State

Zip

Country

2a. Principal Office Address:

Suite, Apt. #, etc.

City & State

Zip

Country



3. Date Formed or Registered

04/29/1998

3a. Date of Last Report

5a. Capital Contributions as
Shown on record

\$1,980,000.00

5b. Amount of Capital
Contributions in Full Paid
to date

\$ 113,375.00

4. State or Country of Formation

DE

6. FEI Number

59-3506085

☐ Applied For
☐ Not Applicable

7. Certificate of Status Desired

☐ \$8.75 A.U. Fee
☐ Fee Required

8. Make check payable to Dept. of State (See reverse side for information)

9. Name and Address of Current Registered Agent

LANIGAN, ARMINDIA M
1610 INDEPENDENT SQUARE
JACKSONVILLE FL 32202

10. If changed, new Registered Agent Office

Name

Street Address (P.O. Box Number Is Not Acceptable)

Suite, Apt. #, etc.

City

FL Zip Code

10a. Pursuant to the provisions of sections 620.1051 and 620.152, 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 620.152, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment):

Armindia M. Lanigan

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)

CHARTWELL II, INC.

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

P98000037076

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 included on this annual report is true and accurate and that my signature shall have the same legal effect 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. Matham

DATE

12/10/98

Typed or Printed Name of General Partner Signing Form

Anthony M. Matham

Daytime Telephone Number

904 255 5519

CR2E002 (9/98)