

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

FILED

96 OCT -8 PM 4: 17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED PARTNERSHIP
ANNUAL REPORT
1997



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

1. Name of Limited Partnership

1. DOCUMENT #

1A000000001356

HEATHERWAY - FT. PIERCE, LTD.

97-AR
CM

Mailing Address

1233 EAST HILLSBORO BLVD.
DEERFIELD BEACH FL 33441

Principal Office Address

1233 EAST HILLSBORO BLVD.
DEERFIELD BEACH FL 33441

3. Date Formed or Registered

12/09/1992

5a. Capital Contributions as
Shown on record

\$227,500.00

3a. Date of Last Report

10/31/1995

5b. Amount of Capital
Contributions in FLORIDA
to date

4. State or Country of Formation

FL

2. Mailing Address

2a. Principal Office Address

Suite, Apt #, etc.

Suite, Apt #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. FLI Number

65-0372927

☐ 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

10. If changed, new Registered Agent/Office

MCSWEENEY, ROBERT F
1233 EAST HILLSBORO BLVD.
DEERFIELD BEACH FL 33441

Name

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

Suite, Apt #, etc.

City

500001977055--6

10/16/96-01064-002

576.25L576.25

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. Registered
Document Number

MCSWEENEY AND LAMPE, INC.

1233 EAST HILLSBORO BL

DEERFIELD BEACH FL 33

V57663

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

DATE

10/3/96

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

A. John Tight II

000663

CR2E03 (6/96)