

**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

SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 DEC 18 AM 11:08

1. Name of Limited Partnership

1a. DOCUMENT #
A17954

GREEN GATE APARTMENTS, LTD.



Mailing Address

101 LAKE VIEW DRIVE
MORGANTOWN WV 26508

Principal Office Address

101 LAKE VIEW DRIVE
MORGANTOWN WV 26508

3. Date Formed or Registered

09/27/1984

5a. Capital Contributions as
Shown on record

\$910.00

3a. Date of Last Report

10/02/1995

5b. Amount of Capital
Contributions in FLORIDA
to date

4. State or Country of Formation

FL

6. FEI Number

65-0319573

☐ 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

801 UNO LAGO DRIVE
Suite, Apt. #, etc.

2a. Principal Office Address

Suite, Apt. #, etc.

City & State

JUNO BEACH, FL

City & State

Zip

33408

Country

U.S.

Country

9. Name and Address of Current Registered Agent

POPE, KIMBERLY D
301 UNO LAGO DR.
JUNO BEACH FL 33408

NP 12/26

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 620.192, 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)

GREEN-SOLOMON, INC.

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

101 LAKE VIEW DRIVE

11b. City, State & Zip Code

MORGANTOWN, W. VIR

11c. Registration/
(Document Number)

S23963

300002040209--6
-12/27/96--01135--026
****382.50 ****191.25

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 for 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

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

CR2E003 (6/96)