

FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

1570-2/Hembree

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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LIMITED PARTNERSHIP ANNUAL REPORT 1998	 FLORIDA DEPARTMENT OF STATE Sandra Mortham Secretary of State DIVISION OF CORPORATIONS
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1. Name of Limited Partnership	1a. DOCUMENT # A19040
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GAK ASSOCIATES, LIMITED

Mailing Address %Corporate Property Resources 1345 Main Street Sarasota FL 34236	Principal Office Address %Corporate Property Resou 1345 Main Street Sarasota FL 34236
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2. Mailing Address 1991 Main Street Suite, Apt. #, etc. Suite 183 City & State Sarasota FL Zip Country 34236 USA	2a. Principal Office Address 1991 Main Street Suite, Apt. #, etc. Suite 183 City & State Sarasota FL Zip Country 34236 USA
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3. Date Formed or Registered 01/31/1985	5a. Capital Contributions as Shown on record. \$63,000.00
3a. Date of Last Report	5b. Amount of Capital Contributions in FLORIDA to date: \$63,000.00
4. State or Country of Formation FL	6. FEI Number 59-2493365 ☐ 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 Name Joseph Hembree Street Address (P.O. Box Number Is Not Acceptable) 1991 Main Street Suite, Apt. #, etc. Suite 183 City Sarasota FL Zip Code 34236
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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) Joseph Hembree DATE 12/30/97

**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
KAROL, Herbert J.	222 Beach Road #5	Sarasota FL 34242	N/A
BAND, David S.	240 S. Pineapple A	Sarasota FL 34236	N/A

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 David S. Band DATE 12/12/97
Typed or Printed Name of General Partner Signing Form David S. Band, general partner
Daytime Telephone Number 941/366-6660

CR2E003 (6/96)