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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

96 DEC 24 PM 12:25

1. Name of Limited Partnership

1a. DOCUMENT # **A25498**

GREENE & CANFIELD ASSOCIATES, A FLORIDA LIMITED PARTNERSHIP

12/27/96

Mailing Address
571 SOUTH DUNCAN AVENUE
CLEARWATER FL 34616-6255

Principal Office Address
571 SOUTH DUNCAN AVENUE
CLEARWATER FL 34616-6255

3. Date Formed or Registered
11/19/1987

3a. Date of Last Report
12/28/1995

4. State or Country of Formation
FL

5a. Capital Contributions as Shown on record
$160,000.00

5b. Amount of Capital Contributions in FL (if different to date)

6. FEI Number
59-2844126

☐ 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
Suite, Apt. #, etc.
City & State
Zip Country

2a. Principal Office Address
Suite, Apt. #, etc.
City & State
Zip Country

9. Name and Address of Current Registered Agent

HERSEM, THOMAS G., ESQ.
2905 WEST BAY DR.
BELLEAIR BLUFFS FL 34640

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 Section(s) 620.1902 and 620.1905, 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 620.1905, 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.** Registration/ Document Number
AMERICAN MOTEL BROKERS	571 S. DUNCAN AVENUE	CLEARWATER FL	521622

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 report voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I request the Division of Corporations be free from any liability of non-exempt disclosure under Section 119.07(3)(i) in the event that the information supplied is deemed exempt from public access. Further certify that the information indicated on this 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 Noah L. Canfield G.P.

DATE 12-20-96

Typed or Printed Name of Person Signing Form NOAH L. CANFIELD

Daytime Telephone Number 813 447-8383

CR2E003 (6/96)

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