

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

LIMITED PARTNERSHIP
ANNUAL REPORT
1998



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 DEC 17 PM 1:07



1. Name of Limited Partnership

1a. DOCUMENT #
A95000000658

RS-SUNSET LAKE, LTD.

Mailing Address

~~604 LEE BLVD., SUITE 102/103~~
LEHIGH ACRES FL 33936

Principal Office Address

~~604 LEE BLVD., SUITE 102/103~~
LEHIGH ACRES FL 33936

3. Date Formed or Registered

04/26/1995

5a. Capital Contributions as
Shown on record.

\$485,800.00

3a. Date of Last Report

01/02/1997

5b. Amount of Capital
Contributions in FLORIDA
to date:

4. State or Country of Formation

FL

2. Mailing Address

2a. Principal Office Address

RS-Sunset Lake, Ltd.
20 Cosmopolitan Drive, Unit #4
Lehigh Acres, FL 33936

RS-Sunset Lake, Ltd.
20 Cosmopolitan Drive, Unit #4
Lehigh Acres, FL 33936

6. FEI Number

65-0573969

☐ 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

BUTLER, GAREY F
1625 HENDRY STREET, STE. 301
FT. MYERS FL 33901

10. If changed, new Registered Agent/Office

Name

Street Address (P.O. Box Number) **409002381234-6**

Suite, Apt. #, etc.

-12/23/97-01095-008

City

******541.25 ****541.25**

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)

Garey F Butler

DATE

12-5-97

**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

RS-COSMOPOLITAN RESIDENCE, Inc.

20 Cosmopolitan Drive, Unit #4
Lehigh Acres, FL 33936

LEHIGH ACRES FL 33936

P95000012383

Note: General Partner(s) 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 the information supplied in this 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 is required by law 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.

By:

SIGNATURE

Marina Jacob

Printed Name

Marina Jacob (VP/ITIS)

DATE

12/11/1997

Typed or Printed Name of General Partner

Daytime Telephone Number

(941) 369-1710

CR2E003 (6/97)