

**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 OCT 18 AM 11:07

1. Name of Limited Partnership

1a. DOCUMENT #
A96000000256

SAXON MANOR ISLES APARTMENTS LIMITED PARTNERSHIP



516.25

Mailing Address

C/O SUNCOAST CORP. OF DELWARE
4983 SOUTHRIDGE PARK DRIVE
ST. LOUIS MO 63129

Principal Office Address

C/O SUNCOAST CORP. OF DELWARE
4983 SOUTHRIDGE PARK DRIVE
ST. LOUIS MO 63129

3. Date Formed or Registered

02/06/1996

5a. Capital Contributions as
Shown on record

\$1,370,712.00

3a. Date of Last Report

4. State or Country of Formation

FL

5b. Amount of Capital
Contributions in FLOIDA
to date

6. FEI Number

☒ 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

RYNDERS, DAVID W ESQ.
305 WEDGE DRIVE
NAPLES FL 33940

10. If changed, new Registered Agent/Office

Name

500001988355--7

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

10/29/96--01071--008

Suite, Apt. #, etc.

******576.25 ****576.25**

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)

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

11b. City, State & Zip Code

11c. Registration/
Document Number

SUNCOAST CORP. OF DELAWARE

4938 SOUTHRIDGE PARK

ST. LOUIS MO 63129

F93000003204

CR
16-23

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 *Suncoast Corp. - Jack J. Bachmann - Pres.*

DATE **9-9-96**

Typed or Printed Name of General Partner Signing Form

JACK J. BACHMANN

Daytime Telephone Number

(314) 892-8106

CR2E003 (6/96)