

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 24 PM 2:59



1. Name of Limited Partnership

1a. DOCUMENT #
A95000000567

PINE CREST LAND, LTD.

Mailing Address

**250 INTERNATIONAL PARKWAY, SUITE 220-
HEATHROW FL 32746**

Principal Office Address

**250 INTERNATIONAL PARKWAY, SUITE 220
HEATHROW FL 32746**

3. Date Formed or Registered

04/10/1995

5a. Capital Contributions as
Shown on record.

\$1,000.00

3a. Date of Last Report

11/21/1996

5b. Amount of Capital
Contributions in FLORIDA
to date

1,000.00

4. State or Country of Formation

FL

2. Mailing Address

250 International Pkwy.

2a. Principal Office Address

250 International Pkwy.

Suite, Apt. #, etc.

Suite 150

Suite, Apt. #, etc.

Suite 150

City & State

Heathrow, FL

City & State

Heathrow, FL

Zip

32746

Country

USA

Zip

32746

Country

USA

6. FEI Number

59-3306682

☒ 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

CHRISTY, KATHERINE A

250 INTERNATIONAL PARKWAY, SUITE 220- 150

HEATHROW FL 32746

10. If changed, new Registered Agent/Office

Name

Christy, Katherine A.

Street Address (P.O. Box Number is Not Acceptable)

250 International Parkway

Suite, Apt. #, etc.

Suite 150

City

Heathrow

FL

Zip Code

32746

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 **12/22/97**

**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)

CRESTVIEW LAND CORPORATION

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

250 INTERNATIONAL PAR

11b. City, State & Zip Code

HEATHROW FL 32746

11c. Registration/
Document Number

P95000027625

300002304793--9

-12/29/97--01119--003

*******52.50 *****52.50**

300002304793--9

-12/29/97--01119--004

*******103.75 *****103.75**

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 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

Typed or Printed Name of General Partner Signing Form

C. Thomas Selby, President

DATE

12/22/97

Daytime Telephone Number

(407) 1883-1664

CR2E003 (6/97)