

FILE ON OR BEFORE APRIL 7, 1999 TO AVOID
REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 MAR 16 PM 1:26

SECRETARY OF STATE



1. Name of Limited Partnership

1a. DOCUMENT #
B97000000167

ASPEN LAKES LIMITED PARTNERSHIP

Mailing Address

Principal Office Address

~~111 NORTH ORANGE AVENUE, SUITE 1575~~
~~ORLANDO FL 32801~~

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~~ORLANDO FL 32801~~

3. Date Formed or Registered

04/02/1997

5a. Capital Contributions as
Shown on record

\$0.00

3a. Date of Last Report

11/25/1997

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

\$0.00

4. State or Country of Formation

MI

6. FEI Number

38-2351565

☐ 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

437 N. Magnolia

Suite, Apt. #, etc.

2a. Principal Office Address

437 N. Magnolia

Suite, Apt. #, etc.

City & State

Orlando, FL

City & State

Orlando, FL

Zip Country

32801

Zip Country

32801

9. Name and Address of Current Registered Agent

LEAVITT, MARK ESQ.
C/O WILSON, LEAVITT & SMALL, P.A.
~~111 NORTH ORANGE AVENUE, SUITE 1575~~
ORLANDO FL 32801

10. If changed, new Registered Agent/Office

Name

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

437 N. Magnolia Ave.

Suite, Apt. #, etc.

City

Orlando

FL

Zip Code

32801

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)

Mark Esq. Leavitt

DATE 3-9-99

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

LEAVITT, ALFRED S

4288 POND APPLE DRIVE

NAPLES FL 34119

000002918150 - G
03/25/99 --01099--006
****141.25 ****141.25

FL
3-23-99

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

Alfred S. Leavitt

DATE 3-11-99

Typed or Printed Name of General Partner Signing Form

ALFRED S. LEAVITT

Daytime Telephone Number

941 591 0088

CR2E003 (12/98)