

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	
1. Name of Limited Partnership PENSACOLA ASSOCIATES		1a. DOCUMENT # A01210			
Mailing Address 5100 N. 9TH AVE. PENSACOLA FL 32504		Principal Office Address 5100 N. 9TH AVE. PENSACOLA FL 32504		3. Date Formed or Registered 01/30/1970	
2. Mailing Address Suite, Apt. #, etc. City & State Zip Country		2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country		3a. Date of Last Report 10/08/1996	
				4. State or Country of Formation MI	
				5a. Capital Contributions as Shown on record \$293,221.00	
				5b. Amount of Capital Contributions in FLORIDA to date:	
				6. FEI Number 38-6169706	
				☐ 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)	

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

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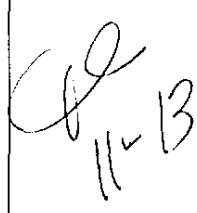
9. Name and Address of Current Registered Agent SIBLEY, RAIFORD 5100 N. NINTH AVE. PENSACOLA FL 32504		10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number) 109002351241-0 Suite, Apt. #, etc. -11/18/97-01109-008 City ****541.25 ****541.25 State Zip Code FL	
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10a. 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) AIKENS, ROBERT B AIKENS, WILLIAM R	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 2690 CROOKS RD., #400 2690 CROOKS RD., #400	11b. City, State & Zip Code TROY MI TROY MI	11c. Registration/Document Number 
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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

DATE 11/1/97

Typed or Printed Name of General Partner Signing Form Robert B. Aikens

Daytime Telephone Number 248-362-1370

CR25003 (5/97)