

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. Northam
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

98 JAN -8 PM 1:29

1. Name of Limited Partnership

1a. DOCUMENT #
A01657

GRIFFIN HEIGHTS APARTMENTS, LTD.



Mailing Address

P. O. BOX 1212
TALLAHASSEE FL 32302-1212

Principal Office Address

641 MCDONNELL DRIVE
TALLAHASSEE FL 32310

3. Date Formed or Registered

10/13/1971

5a. Capital Contributions as Shown on record.

\$106,524.00

3a. Date of Last Report

01/27/1997

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

4. State or Country of Formation

FL

6. FEI Number

59-1530635

☐ 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

KOELEMIJ, J J
641 MCDONNELL DR.
TALLAHASSEE FL 32310

10. If changed, new Registered Agent/Office

Name

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

Suite, Apt. #, etc.

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

TALCURA, INC.

641 MCDONNELL DRIVE

TALLAHASSEE FL

840994

KOELEMIJ, J J

1008 GARDENIA DRIVE

TALLAHASSEE FL

WALTON, WILLIAM H JR

1140 EDGEWOOD AVE S

JACKSONVILLE FL

WEED, JOSEPH D

1140 EDGEWOOD AVE S

JACKSONVILLE FL

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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

John J. Koelermij

DATE

01/06/98

Typed or Printed Name of General Partner Signing Form

John J. Koelermij

Daytime Telephone Number

850-222-5262

CR2E003 (5/97)