

FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 OCT 19 PM 4:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Name of Limited Partnership

1a. DOCUMENT #
A04876

FRENCHMANS COVE PARTNERS, LTD.



Mailing Address

Principal Office Address

1701 LEE ROAD
WINTER PARK FL 32789

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WINTER PARK FL 32789

3. Date Formed or Registered

04/29/1976

3a. Date of Last Report

09/22/1997

4. State or Country of Formation

FL

5a. Capital Contributions as
Shown on record.

\$69,300.00

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

2. Mailing Address

2a. Principal Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. FEI Number

11-2385693

☐ 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

GRANT, JOHN
1458 KETTLE DRUM TRAIL
ENTERPRISE FL 32725

10. If changed, new Registered Agent/Office

Name GRANT, John

Street Address (P.O. Box Number is Not Acceptable)
1701 LEE ROAD, SUITE A

Suite, Apt. #, etc.
SUITE A

City

WINTER PARK

FL

Zip Code

32789

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)

John Grant

DATE 10/13/98

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

FELDMAN, HARRY

M.D. CARLISLE CORP. OF FLORIDA

58-47 FRANCIS LEWIS B

1701 LEE RD.

BAYSIDE NY 500002669825--3

WINTER PARK FL

-10/22/98-01046-023
***535.00607638**535.00

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

H. Feldman

DATE

10/15/98

Typed or Printed Name of General Partner Signing Form

H. Feldman

Daytime Telephone Number

718 631 0606

CR2E003 (8/98)