

FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED PARTNERSHIP
ANNUAL REPORT
1997



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

1. Name of Limited Partnership

1a. DOCUMENT #
A04883

REYCO NO. 2., LTD.



12/16

Mailing Address
2907 BAY TO BAY BLVD.
SUITE 200
TAMPA FL 33629

Principal Office Address
2907 BAY TO BAY BLVD.
SUITE 200
TAMPA FL 33629

3. Date Formed or Registered
05/05/1976

5a. Capital Contributions as
Shown on record
\$110,000.00

3a. Date of Last Report
11/21/1995

5b. Amount of Capital
Contributions in FLORIDA
to date
110,000

4. State or Country of Formation
FL

6. FEI Number
59-1743086

☐ 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

2907 Bay to Bay Blvd

Suite, Apt. #, etc.

Suite 200

City & State

Tampa FL

Zip 33629 Country USA

2a. Principal Office Address

2907 Bay to Bay Blvd

Suite, Apt. #, etc.

Suite 200

City & State

Tampa FL

Zip 33629 Country USA

9. Name and Address of Current Registered Agent

KRUSEN, W. A. JR.
2907 BAY TO BAY BLVD.
SUITE 200
TAMPA FL 33629

10. If changed, new Registered Agent/Office

Name

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

2907 Bay to Bay Blvd

Suite, Apt. #, etc.

Suite 200

City

Tampa

FL

Zip Code

33629

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)

W. A. Krusen, Jr.

DATE

12/9/96

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)

GENERAL MANAGEMENT & DEVELOP

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

2907 BAY TO BAY BLVD #200
2907

11b. City, State & Zip Code

TAMPA FL

11c. Registration/
Document Number

M80265

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-12/17/86--01155--005
***576.25 ***576.25

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

W. A. Krusen, Jr.

DATE

12/9/96

Typed or Printed Name of General Partner Signing Form

W.A. Krusen, Jr., Pres of Gen Mgmt & Dev

Telephone Number

813-837-3009

CR2003 (6/96)