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

| LIMITED PARTNERSHIP ANNUAL REPORT **1997** | FLORIDA DEPARTMENT OF STATE **Sandra Mortham** Secretary of State DIVISION OF CORPORATIONS | FILED SECRETARY OF STATE DIVISION OF CORPORATIONS **96 DEC -9 AM 10: 56** |
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**ゃ 12/11**

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**1.** Name of Limited Partnership

**1a.** DOCUMENT # **A05521**

### GOODLETTE ARMS APARTMENTS, A LIMITED PARTNERSHIP

| Mailing Address P.O. BOX 40177 INDIANAPOLIS IN 46240 | Principal Office Address P.O. BOX 40177 INDIANAPOLIS IN 46240 | **3.** Date Formed or Registered **01/18/1977** | **5a.** Capital Contributions as Shown on record. **$0.00** |
|---|---|---|---|
| | | **3a.** Date of Last Report **12/12/1995** | **5b.** Amount of Capital Contributions in FLORIDA to date: |
| **2.** Mailing Address | **2a.** Principal Office Address | **4.** State or Country of Formation **IN** | |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | **6.** FEI Number **35-1616777** | ☐ Applied For ☐ Not Applicable |
| City & State | City & State | **7.** Certificate of Status Desired | ☐ **$8.75** Additional Fee Required |
| Zip        Country | Zip        Country | **8.** Make check payable to: Dept. of State (See reverse side for fee information) | |

| **9.** Name and Address of Current Registered Agent | **10.** If changed, new Registered Agent/Office |
|---|---|
| KARNS, LARRY A. ~~1212 S.E. 2ND AVE.~~ ~~FT. LAUDERDALE FL 33316~~ | Name |
| | Street Address (P.O. Box Number Is Not Acceptable) 7332 Northwest Fifth Street |
| | Suite, Apt #, etc. |
| | City Plantation        FL    Zip Code 33317 |

**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 |
|---|---|---|---|
| THURSTON, MAX A. | 6417 DEAN ROAD | INDIANAPOLIS IN | 300002026713---1 -12/12/96--01011--011 ***1723.75  ****191.25 |

CR2E003 (6/96)

### 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 _*Max A. Thurston*_ DATE _12/3/96_

Typed or Printed Name of General Partner Signing Form **Max A. Thurston, General Partner** Daytime Telephone Number 317/469-0400

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