

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

93 JAN -5 PM 4:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



1. Name of Limited Partnership: **1a. DOCUMENT #**
A05781

MCPINE APARTMENTS OF ARCADIA, LTD.

Mailing Address	Principal Office Address
POST OFFICE BOX 1327 WAUCHULA FL 33873	POST OFFICE BOX 1327 WAUCHULA FL 33873
2. Mailing Address	2a. Principal Office Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

3. Date Formed or Registered	5a. Capital Contributions as Shown on record
06/16/1977	\$34,328.00
3a. Date of Last Report	5b. Amount of Capital Contributions in FL CDA to date
01/02/1998	
4. State or Country of Formation	
FL	
6. FEI Number	☐ Applied For ☐ Not Applicable
59-1817138	
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	10. If changed, new Registered Agent/Office
WHEELER, GEORGE T. 1440 CITRUS DR. WAUCHULA FL 33873	Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City Zip Code FL

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 12-29-98

**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
WHEELER, JANICE P	3711 OAK HILLS RANCH	ZOLFO SPRINGS FL 33889	

400002761324-2
-02/02/99-01063-002
****337.80 ****337.80

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 *Janice P. Wheeler*
Typed or Printed Name of General Partner Signing Form *Janice P. Wheeler*

DATE 12-29-98
Daytime Telephone Number 941-375-2222

CR2E003 (9/98)