

**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

96 OCT 29 AM 10:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



10/30

1. Name of Limited Partnership
ROLLINGWOOD APARTMENTS, LTD.

1a. DOCUMENT #
A06933

Mailing Address
**6954 AMERICANA PARKWAY
REYNOLDSBURG OH 43068**

Principal Office Address
**6954 AMERICANA PARKWAY
REYNOLDSBURG OH 43068**

3. Date Formed or Registered
11/06/1978

5a. Capital Contributions as Shown on record
\$265,000.00

3a. Date of Last Report
12/21/1995

5b. Amount of Capital Contributions in FLORIDA to date

4. State or Country of Formation
FL

2. Mailing Address

2a. Principal Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

6. FEI Number
59-1923110
☐ 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
**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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
CARDINAL INDUSTRIES OF FLORI	6954 AMERICANA PARKWA	REYNOLDSBURG OH 43068	F63477
		200001984692-8	
		-11/04/96--01013--024	
		***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 *Jeffrey D. Meyer* DATE **10/22/96**
Jeffrey D. Meyer, SECRETARY OF CARDINAL INDUSTRIES
Typed or Printed Name of General Partner Signing Form **OF FLORIDA SERVICES CORPORATION** Daytime Telephone Number **604-575-5223**

CR2E003 (6/96)