

LIMITED PARTNERSHIP
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 DEC 28 PM 1:51

1. Name of Limited Partnership

1a. DOCUMENT #
A07947

WINEWOOD APARTMENTS II, LTD.

4/16/99

Mailing Address

C/O JOHN F. GILLESPIE
109 RIO PINAR DRIVE
ORMOND BEACH FL 32174

Principal Office Address

1075 MASON AVENUE
DAYTONA BEACH FL 32117

3. Date Formed or Registered

09/18/1979

5a. Capital Contributions as
Shown on record.

\$600,000.00

3a. Date of Last Report

03/06/1998

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

4. State or Country of Formation

FL

2. Mailing Address

595 W. Granada Blvd., Suite A

2a. Principal Office Address

Suite, Apt. #, etc.

Suite A

City & State

Ormond Beach, FL

City & State

Zip Country
32174 US

Zip Country

6. FEI Number

59-1971193

☐ 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 schedule)

9. Name and Address of Current Registered Agent

GILLESPIE, THURMAN JR., M.D.
1075 MASON AVENUE
DAYTONA BEACH FL 32117

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
WINEWOOD II, INC. PRWALTY 500 AR 437.50 AR 88.75 1026.25	1075 MASON AVENUE	DAYTONA BEACH FL	S23193
		300003088263--0 -01/05/00--01008--004 ***1026.25 ***1026.25	
		REINSTATEMENT 1999 (BHE)	

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 form 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

DATE

Typed or Printed Name of General Partner Signing Form

Thurman Gillespie Jr MD

Daytime Telephone Number

904-677-3431