

FILE ON OR BEFORE APRIL 7, 1999 TO AVOID  
REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP  
ANNUAL REPORT  
1999



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

FILED

99 APR -1 PM 2: 31

SECRETARY OF STATE



1. Name of Limited Partnership

1a. DOCUMENT #  
A09629

SARASOTA PROPERTIES, LTD.

Mailing Address

550 BILTMORE WAY, SUITE 700  
CORAL GABLES FL 33134

Principal Office Address

550 BILTMORE WAY, SUITE 700  
CORAL GABLES FL 33134

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

11/17/1980

3a. Date of Last Report

12/22/1997

4. State or Country of Formation

FL

5a. Capital Contributions as  
Shown on record

\$668,125.17

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

6. FEI Number

59-2006374

☐ 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

NEDBOR, NIKKI J  
550 BILTMORE WAY, SUITE 700  
CORAL GABLES FL 33134

10. If changed, new Registered Agent/Office

Name

POLLER, NEALE J.

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

550 BILTMORE WAY SUITE 700 00002837149-1

Suite, Apt. #, etc.

SUITE 700

City

CORAL GABLES

-04/12/99-01145-020

\*\*\*\*526.25 1268526.25

FL 33134

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

3/26/99

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)

SARASOTA PROPERTY CORPORATIO

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

550 BILTMORE WAY, SUI

11b. City State & Zip Code

CORAL GABLES FL 33134

11c. Registration/  
Document Number

P94000056692

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 BY: E. A. JORD, V. P.

DATE

3-29-99

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

CRZE003 (12/98)