

FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT
TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 JAN 30 AM 10:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Name of Limited Partnership

1a. DOCUMENT #
A10304

DUNWOODIE PLACE, LTD.

*98-APR/CLC
EM*



Mailing Address

C/O JKM ASSOCIATES, INC.
207C WEST SR434
WINTER SPRINGS FL 32708

Principal Office Address

4213 DUNWOODIE BLVD.
ORLANDO FL 32839

3. Date Formed or Registered

04/02/1981

5a. Capital Contributions as
Shown on record.

\$1,589,998.65

3a. Date of Last Report

04/21/1997

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

2. Mailing Address

2a. Principal Office Address

Suite, Apt. #, etc.

237 HUNT CLUB BL #202A

Suite, Apt. #, etc.

City & State

LONGWOOD FLORIDA

City & State

Zip

32779

Country

Zip

Country

6. FEI Number

59-2180240

☐ 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

**FRASER, DONALD J
1630 SUMMERLAND AVENUE
WINTER PARK FL 32789**

10. If changed, new Registered Agent/Office

Name

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

Suite, Apt. #, etc.

000002426060--6

City

02/10/98-0101-013

*******550.00 *****550.00**

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)

DUNWOODIE PLACE MANAGEMENT,

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

506 E. COLONIAL DRIVE

11b. City, State & Zip Code

ORLANDO FL 32803

11c. Registration/
Document Number

P93000065008

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 *X*

Donald J. Fraser

DATE

1/23/98

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

CR2E003 (6/97)