

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  
97 DEC 11 AM 9:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. Name of Limited Partnership

1a. DOCUMENT #  
**A10749**

**GOLDEN TRIANGLE ASSOCIATES, LTD.**



Mailing Address

5012 LEMON ST.  
TAMPA FL 33609

Principal Office Address

5012 LEMON ST.  
TAMPA FL 33609

3. Date Formed or Registered

06/30/1981

5a. Capital Contributions as  
Shown on record

\$100.00

3a. Date of Last Report

12/09/1996

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

59-2428325

☐ 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

STEINER, NELSON C.  
5012 LEMON STREET  
TAMPA FL 33609

10. If changed, new Registered Agent/Office

Name

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

800002373938--8

Suite, Apt. #, etc.

-12/16/97--01103--022

City

\*\*\*\*156.25 \*\*\*\*156.25

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

**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

ECKHOUSE, TOD B.

2861 EXECUTIVE DRIVE

CLEARWATER FL

GALLANT, MICHAEL

1515 22ND AVENUE NORT

ST. PETERSBURG FL

GAYNOR, JOSEPH W.

150 SECOND AVE NORTH

ST. PETERSBURG FL

ILLEL, JAIME

3452 5TH AVE NORTH

ST. PETERSBURG FL

KAHLER, JAN R.

4325 E. BAY DR #101

CLEARWATER FL

KELLER, BRIAN

24771 U.S. HWY 19 NOR

CLEARWATER FL

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

DATE

Typed or Printed Name of General Partner Signing Form

NELSON C. STEINER

Daytime Telephone Number

(813) 284-0500

CR2E003 (6/97)