

**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
SECRETARY OF STATE
DIVISION OF CORPORATIONS

96 SEP 23 AM 9:13

1. Name of Limited Partnership

1a. DOCUMENT #
A10776

PHILLIPPI SHORES ASSOCIATES, LTD.



200001959262

-09/27/96--01073--011

******576.25 ****576.25**

Mailing Address

**500 PHILLIPPI SHORES DRIVE
SARASOTA FL 33581**

Principal Office Address

**500 PHILLIPPI SHORES DRIVE
SARASOTA FL 33581**

3. Date Formed or Registered

07/06/1981

5a. Capital Contributions as
Shown on record.

\$199,500.00

3a. Date of Last Report

09/26/1995

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

4. State or Country of Formation

FL

2. Mailing Address

FLORIDA CONVEYANCE EXCHANGE

Suite, Apt. #, etc.

P.O. Box 2099

City & State

SARASOTA, FLORIDA

Zip

34210

Country

2a. Principal Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. FEI Number

59-2104148

☐ 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

DESENBERG, CHARLES

1070 MAIN ST. 5TH FLOOR 1934 RINGLING BLVD

SARASOTA FL 34236

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)

DESENBERG, MILFORD

DESENBERG, CHARLES

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

1321 N. LAKESHORE DRI

1452 HILLVIEW DR

**4626 HADFIELD
DRIVE**

11b. City, State & Zip Code

SARASOTA FL

SARASOTA FL 34235

11c. Registration/
Document Number

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

9/20/96

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

CR2E003 (6/96)