

WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP  
ANNUAL REPORT  
1999



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

98 DEC 29 AM 10:46

1. Name of Limited Partnership

1a. DOCUMENT #  
A11245

TIERRA SANDS, LTD.



Mailing Address

Principal Office Address

P.O. BOX 3542  
ST. PETERSBURG FL 33731-3542

360 CENTRAL AVENUE, SUITE 1500  
ST. PETERSBURG FL 33701-1600

3. Date Formed or Registered

09/29/1981

5a. Capital Contributions as  
Shown on record.

\$1,430,000.00

3a. Date of Last Report

12/31/1997

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

2. Mailing Address

2a. Principal Office Address

200 Central Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 1600

City & State

City & State

St. Petersburg, FL

Zip

Country

Zip

Country

33701

USA

4. State or Country of Formation

FL

6. FEI Number

59-2173475

☐ 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

SHELBY, GAIL  
CORPORATION INFORMATION SERVICES, INC.  
1201 HAYS STREET  
TALLAHASSEE FL 32301

10. If changed, new Registered Agent/Office

Name

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

Suite, Apt. #, etc.

City

200002732637-3

01/07/99-01/07-003

\*\*\*\*576.25 FL

Zip Code \*\*\*\*576.25

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

COUNSEL GROUP EQUITIES, LTD., CORP.

360 CENTRAL AVE., SUITE  
Exchange Tower  
Suite 1300  
1 First Canadian Place

ST. PETERSBURG FL  
Toronto, Ontario  
M5X 1E3

851132

BK 12/29/98

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

Daytime Telephone Number

S. WEINTRAUB

(408) 866-3058