## FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1997



SARASOTA 17TH STREET ASSOCIATES, LTD.

FLORIDA DEPARTMENT OF STATE

## Sandra Mortham

Secretary of State
DIVISION OF CORPORATIONS

1. Name of Limited Partnership

1a. A12777

## FILED

96 DEC 17 PM 3: 04

SECRETARY OF STATE TALLAHASSEE, FLORIDA

100002035551--6 -12/20/96--01109--001 \*\*\*\*585,00 \*\*\*\*585.00



| Mailing Address \$900 ENTERPRISE PARKWAY |  | Principal Office Address 5900 ENTERPRISE PARKWAY FT. MYERS FL 33905   |                                   | 3. Date Formed or Registered 06/30/1982  | 5a. Capital Contributions as Shown on record \$1,938,319.95                             |  |
|--|--|---|-----------------------------------|--|---|--|
| FT. MYERS FL 33905                       |  | FI. MIENS TE SSSE   |                                   | 3a. Date of Last Report<br>12/28/1995  | 5b. Amount of Capital Contributions in FLORIDA  |  |
| 2. Mailing Address                       | Idress 28. Principal Office Address                |   | 4. State or Country of Formation  | to date:   |   |  |
| Suite, Apt. #, etc.                      |  | Suite, Apt. #, etc.   |                                   | 6. FEI Number 1378   | Applied For Not Applicable  |  |
| City & State City & State                |  | ·-··  | 7. Certificate of Status Desired  | \$8.75 Additional Fee Required   |   |  |
| Zip Co                                   | ountry   | Zip   | Country                           | 8. Make check payable to: Dept_of  | State (See reverse side for fee information)  |  |
| 9. Name                                  | and Address of Current Rec                         | sistered Agent  | _                                 | 10. If changed, new Registere  | d Agent/Office  |  |
| BUNDSCHU, CHRIS C                        |  |   | Name                              |  |   |  |
| 5900 ENTERPRISE PA                       | Street Address (P.O. Box Number Is Not Acceptable) |   |                                   |  |   |  |
| FT. MYERS FL 33905                       |  | Suite, Apt. #   |                                   | etc.   |   |  |
|  |  |   | City FL Zip Code                  |  |   |  |
| for the purpose of chang                 | ing its registered office or regi                  | 0 192, Florida Statutes, the above-named<br>stered agent, or both, in the State of Flor<br>section 620.192, Florida Statutes. | d limited partne<br>da. Such char | ership organized or registered under the laws of the general partner(s). I her | ne State of Florida, submits this statement<br>eby accept the appointment of registered |  |
| SIGNATURE (Registered Agent A            | ccepting Appointment)                              |   |                                   | DATE   |   |  |
| A GENERAL PA                             | RTNER THAT IS<br>MUST I                            | A CORPORATION, L<br>BE REGISTERED ANI   | IMITED<br>D ACTIV                 | PARTNERSHIP OR OTHE<br>/E WITH THIS OFFICE.                                    | R BUSINESS ENTITY   |  |
| 11. Name(s) of General Pa                |  | Address of Each General 11a. (Do NOT Use Post Office Bo   | Partner<br>x Numbers)             | 11b. City, State & Zip Code  | 11c. Registration/<br>Document Number   |  |
| PECOS INDUSTRIES CORPORATION             |  | 2001 BRYAN ST. SUITE  |                                   | DALLAS TX 75201  | F92000001014  |  |

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

| 12. | t do hereby certify that the information supplied with this filing is voluntarity 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 certily that I am a General Partner of the limited partnership, receiver or truste |
|     | empowered to execute this report as required by chapter 620, Florida Statutes.  |

SIGNATURE

Typed or Printed Name of General Partner Signing Form Pecos Industries by Ralph Heimstim Pephone Number 214-855-6620

CR2E003 (6/96