

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 DEC 27 PM 1:44

413



1. Name of Limited Partnership

1a. DOCUMENT #
A13420

PLANTATION PARTNERS, LTD.

Mailing Address

~~2507 POST ROAD~~
~~SOUTHPORT CT 06490~~

Principal Office Address

~~2507 POST ROAD~~
~~SOUTHPORT CT 06490~~

3. Date Formed or Registered

11/09/1982

5a. Capital Contributions as
Shown on record

\$3,301,000.00

3a. Date of Last Report

05/31/1996

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

4. State or Country of Formation

FL

2. Mailing Address

8065 Leesburg Pike
Suite, Apt. #, etc.
Suite 400
City & State
Vienna, VA
Zip Country
22182 U.S.A.

2a. Principal Office Address

8065 Leesburg Pike
Suite, Apt. #, etc.
Suite 400
City & State
Vienna, VA
Zip Country
22182 U.S.A.

6. FEI Number

06-1069002

☐ 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

SPER, PAUL N
4103 STILLWATER TERRACE COVE
TAMPA FL 33624

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)

WILBUR AND COMPANY, INC.

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

~~2507 POST ROAD~~
8065 Leesburg Pike

11b. City, State & Zip Code

~~SOUTHPORT CT 06490~~
Vienna, VA 22182

11c. Registration/
Document Number

F98000002858

700002048207--4
-01/07/97--01092--017
****578.25 ****576.25

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

Michael C. Banks

DATE 12-16-96

Typed or Printed Name of General Partner Signing Form

Wilbur and Company, Inc.
By: Michael C. Banks, Assistant Secretary

Daytime Telephone Number

703/394-2400

CR2E003 (6/96)