

**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 23 AM 9:33

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12/30



1. Name of Limited Partnership

1a. DOCUMENT #
A13524

SOUTH TAMPA, LTD.

Mailing Address

**315 E. MADISON
SUITE 600
TAMPA FL 33602-4818**

Principal Office Address

**315 E. MADISON
SUITE 600
TAMPA FL 33602-4818**

3. Date Formed or Registered

12/01/1982

5a. Capital Contributions as
Shown on record:

\$6,951,270.00

3a. Date of Last Report

12/14/1995

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

\$5,527,612.36

4. State or Country of Formation

FL

6. FEI Number

59-2227331

☐ 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)

2. Mailing Address

4950 West Kennedy Blvd.

Suite, Apt. #, etc.

Suite 250

City & State

Tampa FL

Zip

33609-1837 USA

2a. Principal Office Address

4950 West Kennedy Blvd.

Suite, Apt. #, etc.

Suite 250

City & State

Tampa FL

Zip

33609-1837 USA

9. Name and Address of Current Registered Agent

**BAXTER, GEORGE J.
915 E. MADISON
SUITE 600
TAMPA FL 33602**

10. If changed, new Registered Agent/Office

Name

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

4950 West Kennedy Blvd.

Suite, Apt. #, etc.

Suite 250

City

Tampa

FL

Zip Code

33609-1837

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)

**BAXTER, GEORGE J.
IRVING, PETER
KERR, ROBERT S.**

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

**5005 SAN JOSE ST
14900 GULF BLVD. #402
6301 N WESTERN #130**

11b. City, State & Zip Code

**TAMPA FL
MADERA BCH. FL
OKLAHOMA CITY OK**

11c. Registration/
Document Number

**400002042134--9
-12/31/96--01056--002
****576.25 ****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

Peter Irving

DATE

12-11-96

Typed or Printed Name of General Partner Signing Form

Peter Irving

Daytime Telephone Number

813 282-1873

CP2E003 (6/96)