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 24 PM 9:41

1. Name of Limited Partnership

1a. DOCUMENT # **A14168**

FOWLER PLAZA C.V., LTD.

Mailing Address
% AMNED PROPERTIES INC.
10549 N. FLORIDA AVE ST K
TAMPA FL 33612

Principal Office Address
% AMNED PROPERTIES INC.
10549 N FLORIDA AVE ST K
TAMPA FL 33612

2. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

2a. Principal Office Address
Suite, Apt. # etc.
City & State
Zip Country

3. Date Formed or Registered
03/18/1983

3a. Date of Last Report
12/19/1995

4. State or Country of Formation
OC

5a. Capital Contributions as Shown on record
$1,600,000.00

5b. Amount of Capital Contributions in FLORIDA to date

6. FEI Number
98-0056052
☐ 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

MYERS PARKINSON, W. O
C/O AMNED PROPERTIES, INC.
10549 N. FLORIDA AVENUE, SUITE K
TAMPA FL 33612

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 section 620.1905 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 620.1905, 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 Corporate Partner(s)	**11a.** Address of Each General Partner (Do NOT Use Post Office Box Numbers)	**11b.** City, State & Zip Code	**11c.** Registration/ Document Number
KOMPAS MAKELAARDIJ 'T GOOI B	GRAVELANDSEWEG 86D	HILVERSUM, NETHERLAN	F93000002008

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 true, complete and accurate. I am not qualified for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations and any of its employees from any liability for the release of information 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 the signature below has the same legal effect 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 attorney in fact DATE 10/2/96

Typed or Printed Name of Individual Signing Form: Victor R. Fransen Daytime Telephone Number: (703)-506-1006

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