

FILE ON OR BEFORE APRIL 9, 1997 TO AVOID REVOCATION
AND \$500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1997



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

FILLO
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 APR 10 PM 3:45

1. Name of Limited Partnership

1a. DOCUMENT #
A14994

TAMPA ASSOCIATES LIMITED PARTNERSHIP

Mailing Address

1230 HILLCREST ST
SUITE 105
ORLANDO FL 32801-4713

Principal Office Address

1230 HILLCREST ST
SUITE 105
ORLANDO FL 32801-4713

2. Mailing Address

2a. Principal Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

3. Date Formed or Registered

07/26/1983

3a. Date of Last Report

11/17/1995

4. State or Country of Formation

GA

5a. Capital Contributions as
Shown on record.

\$1,544,400.00

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

6. FEI Number

59-2369019

☐ 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

HOLD, ROBERT P.
1230 HILLCREST STREET
SUITE 105
ORLANDO, FL FL 32803

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)

THYSSEN, PETER

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

GUNTERSTRASSE 21

11b. City, State & Zip Code

8000 MUNICH 19, W.G.

11c. Registration/
Document Number

100002144811--2

-04/16/97--01049--007

****\$50.00 ****\$50.00

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

Peter Thyssen

Daytime Telephone Number

407 896 0800

CR2E003 (11/96)