

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

FILED

96 DEC 12 PM 4:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

LIMITED PARTNERSHIP  
ANNUAL REPORT  
1997



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

1. Name of Limited Partnership  SUMMER BEACH, LTD.	1a. DOCUMENT # <b>A15394</b>
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4/12/13

Mailing Address 4700 AMELIA ISLAND PARKWAY AMELIA ISLAND FL 32034	Principal Office Address 4700 AMELIA ISLAND PARKWAY AMELIA ISLAND FL 32034	3. Date Formed or Registered 09/28/1983	5a. Capital Contributions as Shown on record \$7,752,500.00
2. Mailing Address	2a. Principal Office Address	3a. Date of Last Report 12/04/1995	5b. Amount of Capital Contributions in FLORIDA to date:
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. State or Country of Formation FL	
City & State	City & State	6. FEI Number 59-2314526	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip	Country	7. Certificate of Status Desired	<input type="checkbox"/> \$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 WINSTON, JAMES H. LPMC 645 RIVERSIDE AVENUE 619 PENINSULAR PLAZA JACKSONVILLE FL 32204	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City
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-12/17/96-01155-010  
\*\*\*\*576.25 \*\*\*\*576.25

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)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/ Document Number
FM AMELIA, INC.	250 KING OF PRUSSIA R	RADNOR PA	G54469
MCR/E AMELIA	1725 MEMORIAL PARK DR	JACKSONVILLE FL	
SCOTT AMELIA	1725 MEMORIAL PARK DR	JACKSONVILLE FL	
STOKES, E. CHESTER	9551 BAYMEADOWS ROAD	JACKSONVILLE FL	
WINSTON, CHARLES	2209 CENTURY DRIVE	RALEIGH NC	
WINSTON, JAMES H.	645 RIVERSIDE AVENUE	JACKSONVILLE FL	

**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 James H. Winston DATE 12/5/96  
Typed or Printed Name of General Partner Signing Form JAMES H. WINSTON Daytime Telephone Number (904) 358-7269

CR2E003 (6/96)