

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 Northam
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

96 NOV - 1 AM 9:29

1. Name of Limited Partnership

1a. DOCUMENT #
A16535

FLORIDA INCOME FUND, L.P., LIMITED PARTNERSHIP

Mailing Address
~~18991 MCGREGOR BLVD.~~
~~SUITE #4~~
FT. MYERS FL 33910

Principal Office Address
~~18991 MCGREGOR BLVD.~~
~~SUITE #4~~
FT. MYERS FL 33910

3. Date Formed or Registered
03/02/1984

5a. Capital Contributions as
Shown on record.
\$5,000,000.00

3a. Date of Last Report
10/27/1995

4. State or Country of Formation
IA

5b. Amount of Capital
Contributions in FLORIDA
to date:
\$5,000,000.00

2. Mailing Address
12800 University Drive

2a. Principal Office Address
12800 University Drive

Suite, Apt. #, etc.
Suite 675

Suite, Apt. #, etc.
Suite 675

City & State

City & State

Zip
33907

Country

Zip
33907

Country

6. FEI Number
59-2337910

☐ 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

RAIMONDI, LAWRENCE A.
~~13391 MCGREGOR BOULEVARD~~
~~SUITE #4~~
~~FORT MYERS FL 33910~~

10. If changed, new Registered Agent/Office

Name

Street Address (P.O. Box Number Is Not Acceptable)
12800 University Drive

Suite, Apt. #, etc.
Suite 675

City

FL

Zip Code
33907

10a. Pursuant to the provisions of sections 820.1051 and 820.192, 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 820.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

Lawrence A. Raimondi

DATE **10-1-96**

**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

MARINER CAPITAL MGMT. INC.
MCD REAL ESTATE, INC.

~~13391 MCGREGOR BLVD.~~
12800 University Dr #675
~~2100 CENTRAL NTL BAN~~
800 Superior Ave #2100

FT. MYERS FL 33907
CLEVELAND OH 44114

G48184
F93000001186

400002000024--2
-11/08/96--01024--012
****585.00 ****585.00

CMS/KWM

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

Lawrence A. Raimondi

DATE **10-1-96**

Typed or Printed Name of General Partner Signing Form

Lawrence A. Raimondi

Daytime Telephone Number

941 481-2011

CR2E003 (6/96)