

**FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

**LIMITED PARTNERSHIP  
ANNUAL REPORT  
1998**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS**

97 OCT 17 PM 3: 08

1. Name of Limited Partnership

1a. DOCUMENT #  
**A16535**

**FLORIDA INCOME FUND, L.P., LIMITED PARTNERSHIP**



Mailing Address

12800 UNIVERSITY DR.  
SUITE #675  
FT. MYERS FL 33907

Principal Office Address

12800 UNIVERSITY DR.  
SUITE #675  
FT. MYERS FL 33907

3. Date Formed or Registered

03/02/1984

5a. Capital Contributions as Shown on record.

\$5,000,000.00

3a. Date of Last Report

11/01/1996

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

4. State or Country of Formation

IA

2. Mailing Address

2a. Principal Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

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  
12800 UNIVERSITY DR.  
SUITE #675  
FORT MYERS FL 33907

10. If changed, new Registered Agent/Office

Name

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

700002324797--9

Suite, Apt. #, etc.

-10/20/97--01156--006

City

\*\*\*\*550.00

\*\*\*\*550.00

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)

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.

12800 UNIVERSITY DR.  
800 SUPERIOR AVE. #21

FT. MYERS FL 33907  
CLEVELAND OH 44114

G48164  
F93000001186

**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

10/1/97

Typed or Printed Name of General Partner Signing Form

Lawrence A. Raimondi

Daytime Telephone Number

941-481-2111

CR2E003 (6/97)