

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 NOV -3 PM 3: 08

1. Name of Limited Partnership

1a. DOCUMENT #
A16539

INDIAN HILLS FASE 2, C.V., LTD.



Mailing Address

**4902 EISENHOWER BLVD., SUITE 380
TAMPA FL 33634**

Principal Office Address

**MAURITSKADE NR5
2514 HC THE HAGUE
THE NETHERLANDS**

3. Date Formed or Registered

03/05/1984

5a. Capital Contributions as Shown on record.

\$562,500.00

3a. Date of Last Report

06/05/1997

5b. Amount of Capital Contributions in FLORIDA to date

4. State or Country of Formation

OC

2. Mailing Address

2a. Principal Office Address

4350 W. Cypress Street

Suite, Apt. #, etc.

250

City & State

Tampa, FL

Zip

33607

Country

U.S.A.

Zip

Country

6. FEI Number

98-0073920

☐ 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

**EURO AMERICAN MANAGEMENT, INC.
4902 EISENHOWER BLVD., SUITE 380
TAMPA FL 33634**

10. If changed, now Registered Agent/Office

Name

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

4350 W. Cypress Street

Suite, Apt. #, etc.

250

City

Tampa

FL

Zip Code

33607

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 **10/22/97**

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)

BESSEM, HERMAN

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

**4902 EISENHOWER BLVD.
4350 W. Cypress Str**

11b. City, State & Zip Code

**TAMPA FL 33634
33607**

11c. Registration/Document Number

**100002339391--0
-11/05/97--01097--022
****541.25 ****541.25**

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 **10/22/97**

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

CR2E003 (6/97)