

FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP  
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP  
ANNUAL REPORT  
1999



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

98 NOV 12 PM 2:07

mtm  
11/16

1. Name of Limited Partnership

1a. DOCUMENT #  
A19150

THE BLUEWATER-INVERNESS LIMITED PARTNERSHIP



Mailing Address

Principal Office Address

C/O FLYNN MGMT CORP.  
2424 ENTERPRISE RD. SUITE G  
CLEARWATER FL 33763

C/O FLYNN MGMT CORP.  
2424 ENTERPRISE RD. SUITE G  
CLEARWATER FL 33763

3. Date Formed or Registered

02/19/1985

5a. Capital Contributions as  
Shown on record.

\$238,000.00

3a. Date of Last Report

12/12/1997

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

4. State or Country of Formation

FL

2. Mailing Address

516 Lakeview Road

2a. Principal Office Address

516 Lakeview Road

Suite, Apt. #, etc.

Unit 8

Suite, Apt. #, etc.

Unit 8

City & State

Clearwater, Florida

City & State

Clearwater, Florida

Zip

33756 Country USA

Zip

33756 Country USA

Pinellas

6. FEI Number

59-2639414

☐ 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

FLYNN, TOM  
FLYNN MGMT CORP  
2424 ENTERPRISE RD. SUITE G  
CLEARWATER FL 33763

10. If changed, new Registered Agent/Office

Name

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

516 Lakeview Road

Suite, Apt. #, etc.

Unit 8

City

Clearwater

FL

Zip Code

33756

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 10/28/98

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

DRAPER, SAM  
PETERSEN, PAUL K.  
BLAKESLEE, JOHN R.

1025 MYERS PARK DR.  
211 W. 7TH ST.  
900 E. FRONT STREET  
7786 Peaceful Valley Rd

TALLAHASSEE FL 32301  
TRAVERSE CITY MI  
TRAVERSE CITY MI  
Williamsburg, MI 49690

900002690039--0  
-11/18/98--01004--010  
\*\*\*\*\*535.00 \*\*\*\*\*535.00

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 10/28/98

Typed or Printed Name of General Partner Signing Form

Thomas F. Flynn for Sam Draper

Daytime Telephone Number 727-449-1182 X 211

CR2E003 (8/98)