

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 DEC 14 AM 8:45

mtu
12/17

1. Name of Limited Partnership

1a. DOCUMENT #
A19711

TIFFANY SQUARE APARTMENTS, LTD.



Mailing Address

650 DOUGLAS AVE
SUITE 1000
ALTAMONTE SPRINGS FL 32714

Principal Office Address

650 DOUGLAS AVE
SUITE 1000
ALTAMONTE SPRINGS FL 32714

3. Date Formed or Registered

04/16/1985

3a. Date of Last Report

01/26/1998

4. State or Country of Formation

FL

5a. Capital Contributions as
Shown on record.

\$645,000.00

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

2. Mailing Address

405 Douglas Avenue

Suite, Apt. #, etc.
Suite 2605

City & State

Altamonte Springs, FL

Zip Country
32714 USA

2a. Principal Office Address

405 Douglas Avenue

Suite, Apt. #, etc.
Suite 2605

City & State

Altamonte Springs, FL

Zip Country
32714 USA

6. FEI Number

59-2516438

☐ 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

HAYNES, DELTON L
650 DOUGLAS AVE.
SUITE 1000
ALTAMONTE SPRINGS FL 32714

10. If changed, new Registered Agent/Office

Name

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

405 Douglas Avenue

Suite, Apt. #, etc.

Suite 2605

City

Altamonte Springs,

FL

Zip Code

32714

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

BERT, JOSEPH F.

405
x358 DOUGLAS AVE., SUI 2605

ALTAMONTE SPRINGS FL 32714

HAYNES, DELTON L.

405
x358 DOUGLAS AVE., SUI 2605

ALTAMONTE SPRINGS FL 32714

CERTIFIED FINANCAIL SERV

405
x358 DOUGLAS AVE., SUI 2605

ALTAMONTE SPRINGS FL 32714 F31805

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-12/19/98-01031-012
****526.25 ****526.25

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

Delton L. Haynes

DATE

12/8/98

Typed or Printed Name of General Partner Signing Form

Delton L. Haynes

Daytime Telephone Number

407/862-1303

CR2E003 (8/98)