

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

99 JAN 15 PM 2:02

1. Name of Limited Partnership

1a. DOCUMENT #  
A19862

QUAIL OAKS ASSOCIATES, LTD.



Mailing Address

Principal Office Address

P.O. BOX 64  
HEWLETT NY 11557-0064

P.O. BOX 64  
HEWLETT NY 11557-0064

3. Date Formed or Registered

05/06/1985

5a. Capital Contributions as  
Shown on record.

\$8,000,000.00

3a. Date of Last Report

01/02/1998

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

4. State or Country of Formation

FL

2. Mailing Address

2a. Principal Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. FEI Number

58-1618563

☐ 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

MCMILLAN, JOHN E.  
9385 N 56TH ST  
STE 200  
TEMPLE TERRACE FL 33617

10. If changed, new Registered Agent/Office

Name Richard Abedon RICHARD ABEDON  
Street Address (P.O. Box Number Is Not Acceptable)  
625 North Flagler Dr FLAGLER  
Suite, Apt. #, etc. Suite 700  
City West Palm Beach FL Zip Code 33402

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)

Richard Abedon

DATE 12-16-98

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

HAB TAMPA ASSOC

4747 W. WATERS AVE  
1014 Lawrence Ct.

TAMPA FL --  
N. Woodmere, NY  
11581

698128900101

400002747654--4  
-01/20/99--01048--020  
\*\*\*\*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

Allen Y. Brody

DATE 12/22/98

Typed or Printed Name of General Partner Signing Form

HAB TAMPA ASSOCIATES BY ALLEN Y. BRODY

Daytime Telephone Number 516 791-8417 FAX

CR2E003 (8/98)