## FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND SEGO COLLARS FEE

FLORIDA DEPARTMENT OF STATE LIMITED PARTNERSHIP Sandra B. Mortham **ANNUAL REPORT** Secretary of State 1999 DIVISION OF CORPORATIONS \$200 by 1 2001:06 **DOCUMENT#** 1. Name of Limited Partnership A20565 SUMTER CENTER, LTD. 3. Date Formed or Registered Mailing Address Principal Office Address Capital Contributions as Shown on record 08/14/1985 10033-B NORTH DALE MABRY HWY. 10033-B NORTH DALE MABRY HWY. \$2,100,000.00 P.O. BOX 271082 P.O. BOX 271082 3a. Date of Last Report TAMPA FL 33618 **TAMPA FL 33618** 04/22/1998 **5b.** Amount of Capital Contributions in FLORIDA to date: 4. State or Country of Formation 2. Mailing Address 2a. Principal Office Address Suite, Apt. #, etc. Suite, Apt. #, etc. 6. FEI Number Applied For 59-2583373 Not Applicable City & State City & State 7. Certificale of Status Desired \$8.75 Additional Fee Required Zip Country 8. Make check payable to Dept of State (See reverse side for fee information) 9. Name and Address of Current Registered Agent 10. If changed, new Registered Agent/Office **GULF COAST REALTY INVESTORS, INC.** Street Address (P.O. Box Number Is Not Acceptable) 10033-B N. DALE MABRY P.O. BOX 271082 Suite Apt # etc **TAMPA FL 33618** City 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 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 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. Address of Each General Partner 11. 11a. (Do NOT Use Post Office Box Numbers) Registration/ Name(s) of General Partner(s) 11b. City, State & Zip Code Document Number **GULF COAST REALTY INVESTORS.** 10033 B NORTH DALE MA TAMPA FL 691152 nninnerfinssen-- 2 -03/12/99--01004--017 \*\*\*\*536.25 \*\*\*\*\*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

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empowered to execute this report as required by chapter 520, Florida Statutes

SIGNATURE 1

Typed or Printed Name of General Partner Signing Form \_\_\_

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 eath. I further certify that I am a General Partner of the limited partnership, receiver or trustee

CR2E003 (8/98)

Daytime Telephone Number