

FILE ON OR BEFORE APRIL 9, 1997 TO AVOID REVOCATION
AND \$500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1997



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

FILED

97 MAR 11 PM 3:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Name of Limited Partnership

1a. DOCUMENT #
A20644

FORT MYERS, LTD.



Mailing Address

Principal Office Address

1100 SPRING STREET, N.W.
SUITE 550
ATLANTA GA 30367

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SUITE 550
ATLANTA GA 30367

3. Date Formed or Registered

08/27/1985

5a. Capital Contributions as
Shown on record.

\$2,840,545.71

3a. Date of Last Report

12/28/1995

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

4. State or Country of Formation

GA

6. FEI Number

58-1632995

☐ 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

~~MILLER, LAWRENCE J. ESQ.~~
~~HUNT, COOK, RIGGS, MEHR & MILLER, P.A.~~
~~2200 CORPORATE BLVD., N.W., SUITE 401~~
~~Boca Raton FL 33431~~

10. If changed, new Registered Agent/Office

Name Thomas B. Drage
Drage, Debeaubien, Knight, Simmons, Romano
and Neal
Street Address (P.O. Box Number is Not Acceptable)
120 South Orange Avenue

Suite, Apt. #, etc. 332 North Magnolia Avenue

City Orlando

FL Zip Code 32802

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

SELIG ENTERPRISES, INC.

1100 SPRING ST, NW #5

ATLANTA GA

820496

100002111891--3
-03/12/97--01122--005
***585.00 ***585.00

dec cas 585.00

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.

Selig Enterprises, Inc., sole general partner of Fort Myers, Ltd.

SIGNATURE

William J. Dawkins

DATE February 25, 1997

Typed or Printed Name of General Partner Signing Form

Senior Vice President and Secretary

Daytime Telephone Number

(404) 876-5511

CR2E003 (11/96)