## 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

| 1. Name of Landson profused by Peticipal Cilies Address   Peticipal Cilies Address   Peticipal Cilies Address   Peticipal Cilies Address   September 1996   Sep |  |   |  |  |                                  | 99 JAN -4 PM 2  | 31                             |   |          |  |
|--|--|---|--|--|----------------------------------|---|--------------------------------|---|----------|--|
| Madies padress  Sessionare Drive SARASOTA FL 34242  |  |   |  |  | ENT#                             |   |                                |   |          |  |
| 349 SEAGRAPE DRIVE SARASOTA FL 3422  349 SEAGRAPE DRIVE SARASOTA FL 3422  349 SEAGRAPE DRIVE SARASOTA FL 3422  340 Does of Last Report O1/05/1998  540 A Date of Canality of Formation FL Suito, Apt. #, otc. O5, 48 State City &  | TAND   | PEM ASSOCIATES II, LIMITI   |  |  |                                  |   |                                |   |          |  |
| SPASOTA FL 3422  345 SEAGRAPE DRIVE SPASOTA FL 3422  346 Date of Last Report O1050 1988  34. Date of Last Report O1050 1988  55. Amount of Criptile Commission in FL CRUPA Commission FL  Sulfe, Apt. #, etc.  City & State  City & State  City & State  City & State  To Country  B, Name and Address of Currant Registrated Agent  10. If changed, new Registrated Agent for fee Information  HALPIN, DAVID J.  3459 SEAGRAPE DRIVE SARASOTA FL 34242  City A State  10. If changed, new Registrated Agent in Florida, State Change in State  | Mailing A  | ddress  | Principal Office Address   |  |                                  | 3. Date Formed or Registered  | 5a. Capi                       | tal Contributions as                        |          |  |
| 2. Mailting Address  2. Principal Office Address  2. Mailting Address  2. Sulfe, Apt. #, etc.  5. Sulfe, Apt. #, etc.  6. FE Number  5. 924 18966  7. Conflicate of Subus Desired  7. Conflicate of Subus Desired  7. Conflicate of Subus Desired  8. Make check payable to: Day: of State (See revenue side for fee information)  9. Name and Address of Current Registered Agent  10. If changed, new Registered Agent/Office  HALPIN, DAVID J.  3459 SEAGRAPE DRIVE  SARASOTA FL. 34242  5. Sulfe, Apt. #, etc.  City & State  10. If changed, new Registered Agent/Office  Nome  Served Address (Po. Box Number is Not Acceptable)  10. If changed, new Registered Agent/Office  Nome  Served Address (Po. Box Number is Not Acceptable)  3459 SEAGRAPE DRIVE  Sulfe, Apt. #, etc.  City  FL.  72p Code  10. To Present the previous of changels is registered agent, or brish, in the State of Florida, Sulfu changes was established by the general partner(s), in levely societ the agenciannent of registered agent. In familiar with, and accept the edipoisions of earting right for complete the surfure of the good interest of registered agent. In familiar with, and accept the edipoisions of earting right for the State of Florida, Sulfu changes was established by the general partner(s), in levely societ the agenciannent of registered agent. In familiar with, and accept the edipoisions of earting right for the surfure of the surfure of the good interest of registered agent. In familiar with, and accept the edipoisions of earting right for the surfure of the surfure of the good interest of registered and partner (s), in level surfure of registered agent. In familiar with, and accept the edipoisions of earting right for the surfure of the surfure of the good interest of registered agent. In familiar with a  |  |   |  |  |                                  | 3a. Date of Last Report   | \$2                            | 242,500.00                                  |          |  |
| Suttle, Apt. 9, 400.   | <b>2.</b> Ma   | iling Address   | 2a. Principal Office Address   | <u>-                                      </u>     | <del></del>                      | 4. State or Country of Formation  | ,                              | ···   |          |  |
| City & State  City & State  City & State  City & State  Country  C | Suite, A   | .pt. #, etc.  | Suite, Apt. #, etc.  |  |                                  |   | 124                            |   | <u> </u> |  |
| Tourist  | City & 8   | State   | City & State   |  | - :                              | 59-2418966  |                                |   |          |  |
| 8. Make chack payable to: Dept. of State (Sice reverse airs for fee information)  9. Name and Address of Current Registered Agent  10. If changed, new Registered Agent/Office  Name  Name  Name  Name  Stroot Address (P.O. Box Number is Not Acceptable)  Tube, Apt. #. etc.  City  FL  Zip Code  10. Pursuant to the provisions of accidence SQD 1001 and SQD 192, Florida Statutes, the above-mand timbed partnership organized or registered under the State of Florida, submit at the statement for the purpose of changing is registered of fine or registered agent accept the appointment of negletized for the purpose of changing is registered Agent Accepting Agent A |  |   |  |  | 7. Certificate of Status Desired |   | \$8.75 Additional Fee Required |   |          |  |
| HALPIN, DAVID J.  3459 SEAGRAPE DRIVE SARASOTA FL 34242  Sulfa, Apt #, etc.  City  FL   Zip Code  FL   Zip Code  City  FL   Zip Code  FL   Zi | ZIP  | Country   | Zip  | Country  |                                  | 8. Make check payable to: Dept. of Sta  | ate (See reve                  |   |          |  |
| HALPIN, DAVID J.  3459 SEAGRAPE DRIVE SARASOTA FL 34242  Suite, Apt. 8, etc.  Gity  FL  IP Code  To the provisions of sections 520.1051 and 530.192, Florids Statutes, the above-named firthed partnership organized or registered under the laws of the State of Florids, supmits this statement for the provisions of champing her registered consecutives or registered agent, or both, in the State of Florids, Such change was authorized by its general partner(s). I hereby account the appointment of registered agent, or both, in the State of Florids, Such change was authorized by its general partner(s). I hereby account the appointment of registered agent Accounting Appointment of registered agent Accounting Appointment of registered agent Accounting Appointment of the State of Florids, Such Change was authorized by its general partner(s). I hereby account the appointment of registered agent Accounting Appointment of the State of Florids, State & Zip Code  11. Name(s) of General Partner(s)  I have been a compared to the appointment of the appointment of registered agent Accounting Appointment Agent Ag |  | 9. Name and Address of Current Re   | egistered Agent  | 10. If changed, new Registered Agent/Office        |                                  |   |                                |   |          |  |
| Streat Address (P.O. Box Number is Not Acceptation)  Sulfa, Apt. 8, etc.  Sulfa, Apt. 8, etc. | HALPIN DAVID 1   |   |  |  |                                  |   |                                |   |          |  |
| Tandem Management Corp.   11a.   Address of Each General Partner(s)   11b.   City. State & 2p. Code   11c.   Registration   11c.     |  |   |  | Street Address (P.O. Box Number is Not Acceptable) |                                  |   |                                |   |          |  |
| 10a. Pursuant to the provisions of sections 620.1051 and 620.192. Florida Statutes, the above-named kindled partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). Thereby accept the appointment of negistered agent, and familiar with, and accept the obligations of section 820.192. Florida Statutes.  SIGNATURE (Registered Agent Accepting Appointment)  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  MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  11. Name(s) of General Partner(s)  11a. Paddress of Each General Partner  11b. City, State & Zip Code  11c. Registration/ Document Number  11b. City, State & Zip Code  11c. Registration/ Document Number  11c. Registration/ Document Number  11d. SARASOTA FL 34233  F47892  Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.  12. Ido hereby certify that the information supplied with this filing is voluntarity furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes, I release the Division of Corporations from any liability of non-compliance with Section 719.07(3)(i) in the event that the information supplied is deemed exempt from public access. If uniter certify that it as information indicated on the State of the limited partnership, receiver or Turbles exponenced to execute with supplied section 119.07(3)(ii), Florida Statutes, I release the Division of Corporations from any liability of non-compliance with Section 719.07(3)(ii) in the event that the information supplied is deemed exempt from public access. If uniter certify that it as information indicated on the State of the limited partnership, receiver or Turbles exponenced to execut | SARASOTA FL 34242  |   |  | Suite, Apt. #, etc.                                |                                  |   |                                |   |          |  |
| for the purpose of changing its registrated diffee or registrated agent, or both, in the State of Floride, Stuch change was authorized by its general pertner(s). I hereby accept the appointment of registered agent, a manufacture with, and accept the obligations of section 520.192, Florida Statutes.  SIGNATURE (Registrated Agent Accepting Appointment)  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 Pertner(s)  11a. (Do NOT Use Post Office Box Numbers)  TANDEM MANAGEMENT CORP.  4401 ASHTON ROAD, SUI SARASOTA FL 34233  F47892  Note: General partners MAY NOT be changed on this form; an amendment must be filled to change a general partner.  12. I do hereby certify that the information supplied with this filling is voluntarity furnished and does not qualify for the exemptions from any liability of non-compliance with Section 19,07(3)(f), inclination of the exemption stated in Section 119,07(3)(f), Florida Statutes. I release the Division of this zimule report is true and accurate and thay my signature gian lawy the same logal effects as if made under cart. I further certify that the information inclicated on this zimule report is true and accurate and thay my signature gian lawy the same logal effects as if made under cart. I further certify that the information, receiver or trustee environment of the complete access. I further certify that the information inclicated on this zimule report is true and accurate and thay my signature gian lawy the same logal effects as if made under cart. I further certify that the information inclicated on this zimule report is true and accurate and thay my signature gian lawy the same logal effects as if made under cart. I further certify that the information inclicated on this zimule report is true and accurate and thay my signature gian lawy the same logal effects as if made under cart. I further certify that the information inclicated on this zimule report is true and accu |  |   | 34   | City   |                                  |   | FL                             | Zip Code                                    |          |  |
| 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. Locatories of Each General Partner  11b. City, State & Zip Code  11c. Registration/ Document Number  11b. City, State & Zip Code  11c. Registration/ Document Number  11c. Registration/ Document Number  11d. Name(s) of General Partner(s)  11d. Control Box Numbers  11b. City, State & Zip Code  11c. Registration/ Document Number  11c. Registration/ Document Number  11d. Name(s) of General Partner(s)  11d. City, State & Zip Code  11d. Registration/ Document Number  11d. SARASOTA FL 34233  F47892  11d. SARASOTA FL 34233  F47892  11d. SARASOTA FL 34242  11d. SARASOTA FL 34233  11d. SARASOTA FL 34242  11d. SARASOTA FL 34242  11d. SARASOTA FL 34242  11d. SARASOTA FL 34233  11d. SARASOTA FL 34242  11d. SARASOTA FL 34233  11d. SARASOTA FL 34242  11d. SARASOTA FL 34242  11d. SARASOTA FL 34242  11d. SARASOTA FL 34233  11d. SARASOTA FL 342 | 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. |   |  |  |                                  |   |                                |   |          |  |
| 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  TANDEM MANAGEMENT CORP.  4401 ASHTON ROAD, SUI  SARASOTA FL 34233  F47892  SARASOTA FL 34242  SARASOTA FL 34242  SARASOTA FL 34242  SOLUTION THE SARASOTA FL 34242  Note: General partners MAY NOT be changed on this form; an amendment must be filled to change a general partner.  12. Ide hereby cartify 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 TS-ection 179.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this zifued report is true and accurate and that my signature stall havy the stame legal effects as if made under cath. I further certify that I am a General Partner of the limited partnership, receiver or trustee emprovement to execute this report as required by chapted 200 front States.  SIGNATURE   |  |   |  |  |                                  |   |                                |   |          |  |
| TANDEM MANAGEMENT CORP.  HALPIN, DAVID J  SARASOTA FL 34233  F47892  SARASOTA FL 34242  Note: General partners MAY NOT be changed on this form; an amendment must be filled to change a general partner.  12. Ido hereby cartify that the Information supplied with this filing is voluntarity turnished 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 respection 79.07(3)(k) in the event that the Information supplied is deemed exempt from public access. I further certify that the information indicated on this crimual report is true and accurate and that my my signalure signil havy five same logal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee emprovemed to execute this report as required by chapter 2016-1013 Statutes.  SIGNATURE  DATE  12 / 29 / 9 8  |  | MUST  | BE REGISTERED AN   | D ACTIV  | E WIT                            | H THIS OFFICE.  |                                |   |          |  |
| Note: General partners MAY NOT be changed on this form; an amendment must be filled to change a general partner.  12. I do hereby certify that the Information supplied with this filling is voluntarity 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 writer 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 z/fuel report is true and accurate and that my signature stall havy 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 520 Florida Statutes.  SIGNATURE  DATE  DATE  DATE  DATE  | 11.  | Name(s) of General Partner(s)   | 11a. (Do NOT Use Post Office Bo  | Partner<br>x Numbers)                              | 11b.                             | City, State & Zip Code  | 11c.                           |   | ے,       |  |
| Note: General partners MAY NOT be changed on this form; an amendment must be filled to change a general partner.  12. I do hereby certify that the Information supplied with this filling is voluntarity 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 writer 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 z/fuel report is true and accurate and that my signature stall havy 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 520 Florida Statutes.  SIGNATURE  DATE  DATE  DATE  DATE  | <b>TAT</b>   | IDEM MANAGEMENT CORP.   | 4401 ASHTON ROAD, SUI  |  | SARASOTA FL 34233                |   | F47892                         |   |          |  |
| Note: General partners MAY NOT be changed on this form; an amendment must be filled to change a general partner.  12. I do hereby certify that the Information supplied with this filling is voluntarity 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 writer 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 z/fuel report is true and accurate and that my signature stall havy 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 520 Florida Statutes.  SIGNATURE  DATE  DATE  DATE  DATE  | HALPIN, DAVID J  |   | 3459 SEAGRAPE DRIVE  |  | SARASOTA FL 34242                |   |                                |   | RZEOL    |  |
| 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 writer-Section 7(9.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this zinual report is true and accurate and that my signature strail 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  DATE  |  |   |  |  |                                  | 5000027<br>-01/21/9<br>****529  | <b>491</b><br>901<br>.25       | 0551<br>1016011<br>****526.25               | L        |  |
| 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 writer-Section 7(9.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this zinual report is true and accurate and that my signature strail 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  DATE  | Note   | : General partners MAY NOT b  | be changed on this form  | ı; an ame  | endme                            | nt must be filed to char  | ige a g                        | eneral partner                              | r.       |  |
| David Title To   | 12. Id   | o hereby certify that the Information supplied with this f<br>proprations from any liability of non-compliance with Sa<br>s Zinual report is true and accurate and that my signal | filing is voluntarily furnished and does not ction 7/9.07(3)(k) in the event that the infi<br>ture shall have the same legal effects as if | qualify for the e                                  | xemption si                      | tated in Section 119.07(3)(k), Florida Stated exempt from public access. I further ce | utes. I releasertify that the  | se the Division of information indicated or | n        |  |
| Typed or Printed Native of General Parther Signing Form  | SIGN   | $UITU_{-}U_{0}U_{0}U_{0}U_{0}U_{0}U_{0}U_{0}U_{0$   |  | 1  |                                  | , DATE  | 12/2                           | 9/98  | _        |  |
|  | Typed or   | rinted Name of General Parther Signing Form   | <u>general</u>   | porte  | 12/                              | Daytime Telephone Number  | 41/30                          | ob-lobelet                                  | <u> </u> |  |