

FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

**LIMITED PARTNERSHIP
ANNUAL REPORT
1998**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

97 DEC 22 AM 8:52

1. Name of Limited Partnership

**1a. DOCUMENT #
A21512**

BAYTREE OF INVERRARY REALTY PARTNERS (LIMITED PARTNERSHIP)



Mailing Address

~~1717 PENN AVENUE
SUITE 900
PITTSBURG PA 15221~~

Principal Office Address

~~1717 PENN AVENUE
SUITE 900
PITTSBURG PA 15221~~

3. Date Formed or Registered

12/16/1985

5a. Capital Contributions as Shown on record.

\$1,000.00

3a. Date of Last Report

12/31/1996

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

4. State or Country of Formation

PA

6. FEI Number

25-1516524

☐ 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)

2. Mailing Address

One Monroeville Center

Suite, Apt. #, etc.

Suite 900

City & State

Monroeville PA

Zip

15146

Country

USA

2a. Principal Office Address

Same as

Suite, Apt. #, etc.

Box #2

City & State

Zip

Country

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

10. If changed, new Registered Agent/Office

Name

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

Suite, Apt. #, etc.

City

FL

Zip Code

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)

MRS REALTY PARTNERS

11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)

~~1717 PENN AVE #5010~~
**One Monroeville Center
Suite 900**

11b. City, State & Zip Code

~~PITTSBURG PA~~
**Monroeville, PA
15146**

11c. Registration/Document Number

A24381

**500002391765-6
-01/06/98--01107--002
****781.25 ****156.25**

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

W.O. Bingham

DATE

Typed or Printed Name of General Partner Signing Form

W.O. Bingham

Daytime Telephone Number

412-372-1746

CP2E003 (6/97)