

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

98 JAN -5 AM 10:59

1116



1. Name of Limited Partnership

1a. DOCUMENT #
A22610

SOUTH TRAIL VILLAGE ASSOCIATES, LTD.

Mailing Address

Principal Office Address

240 S. PINEAPPLE AVENUE
10TH FLOOR
SARASOTA FL 34236

240 S. PINEAPPLE AVENUE
10TH FLOOR
SARASOTA FL 34236

2. Mailing Address

2a. Principal Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

3. Date Formed or Registered

05/23/1986

3a. Date of Last Report

01/02/1997

4. State or Country of Formation

FL

6. FEI Number

59-2676000

7. Certificate of Status Desired

5a. Capital Contributions as Shown on record.

\$396,000.00

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

\$396,000.00

☐ Applied For
☐ Not Applicable

\$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

DORE, STEVE
1345 MAIN ST.
SARASOTA FL 34236

10. If changed, new Registered Agent/Office

Name

Joseph Hembree

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

1991 Main Street

Suite, Apt. #, etc.

Suite 183

City

Sarasota

100002406511--1

01/21/98-01058-005

***541.25 FL ***541.25

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)

Joseph Hembree

DATE

12/30/97

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

DSB, INC.

240 SOUTH PINEAPPLE A

SARASOTA FL 34236

615740

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

David S. Band, Director, DSB, Inc., a Florida corporation,

Typed or Printed Name of General Partner Signing Form

General Partner

DATE

12/12/97

Daytime Telephone Number

941/866-1660

CR2E003 (6/97)