

FILE ON OR BEFORE APRIL 8, 1998 TO AVOID
REVOCATION AND \$500 PENALTY FEE

150.05

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 MAR -2 PM 3: 24

1. Name of Limited Partnership

1a. DOCUMENT #
A23227

MAYPORT HOUSING PARTNERSHIP LTD.



Mailing Address

Principal Office Address

9 GLEN HEAD RD.
GLEN HEAD NY 11545

9 GLEN HEAD RD.
GLEN HEAD NY 11545

3. Date Formed or Registered

09/15/1986

5a. Capital Contributions as
Shown on record.

\$9,400.00

3a. Date of Last Report

12/09/1996

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

\$9,400.00

2. Mailing Address

2a. Principal Office Address

1700 MINNARD DR
Suite, Apt. #, etc.

SAME

City & State
JACKSONVILLE

City & State

Zip Country
32246 USA

Zip Country

4. State or Country of Formation

FL

6. FEI Number

11-2824519

☐ 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

GEIGER, ALLAN T., ESQ.
1300 GULF LIFE DRIVE
SUITE 800
JACKSONVILLE FL 32207

10. If changed, new Registered Agent/Office

Name

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

Suite, Apt. #, etc.

City

600002453198-8

03/18/98 01:14
****150.05****

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

PRP CORP.

9 GLEN HEAD RD.

GLEN HEAD NY

J33153

LBR REALTY CORP. OF FLA.

9 GLEN HEAD RD.

GLEN HEAD NY

J33152

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

DATE

Typed or Printed Name of General Partner Signing Form

Peter R Perdigian

Daytime Telephone Number

23 Feb 98
904 641 1995

CR2E003 (12/97)