

FILE ON OR BEFORE APRIL 7, 1999 TO AVOID
REVOCATION AND \$500 PENALTY FEE

①

LIMITED PARTNERSHIP
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 APR 30 AM 9:13

1. Name of Limited Partnership

1a. DOCUMENT #
A23227

MAYPORT HOUSING PARTNERSHIP LTD.



Mailing Address

1700 MININAO DRIVE
C/O JOHNSON HOUSING
JACKSONVILLE FL 32246

Principal Office Address

1700 MININAO DRIVE
C/O JOHNSON HOUSING
JACKSONVILLE FL 32246

3. Date Formed or Registered

09/15/1986

3a. Date of Last Report

03/02/1998

4. State or Country of Formation

FL

6. FEI Number

11-2824519

7. Certificate of Status Desired

5a. Capital Contributions as
Shown on record

\$9,400.00

5b. Amount of Capital
Contributions in FLORIDA
to date

☐ Applied For
☐ Not Applicable

☒ \$8.75 Additional
Fee Required

8. Make check payable to: Dept. of State (See reverse side for fee information)

10. If changed, new Registered Agent/Office

9. Name and Address of Current Registered Agent

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

Name: PERPIGNANO, PETER ROBERT
Street Address (P.O. Box Number is Not Applicable)
1700 MINDANAO DR.
Suite/Apt. #, etc.
C/O JOHNSON HOUSING
City
JACKSONVILLE FL Zip Code
32246

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.

LBR REALTY CORP. OF FLA.

~~8 GLEN HEAD RD.~~

~~8 GLEN HEAD RD.~~

~~1700 MININAO~~

1700 MINDANAO DR.

GLEN HEAD NY

GLEN HEAD NY

Jacksonville, FL
32246

J33153

J33152

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****163.30 ****163.30

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 20, Florida Statutes.

SIGNATURE

DATE 27 Apr 99

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

CR2E003 (12/98)

Mayport Housing Partnership Ltd.

April 27, 1999

Division of Corporations
P.O. Box 6327
Tallahassee FL 32314

To Whom It May Concern:

Due to an error in the address we did not receive notice to file our 1999 annual report.

We received the final notice of intent to revoke on April 10, 1999 stating failure to file by April 7, 1999 would result in the revocation of our certificate of corporation. Please review our file with consideration of waiving the reinstatement penalty fee. We appreciate your attention in this matter. Please note the correct address for Mayport Housing Partnership, Ltd. is 1700 Mindanao Dr. Jacksonville FL 32246.

We can be contacted by phone at (904) 641-1995.

Sincerely,



Robyn L. Bouchelle