

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
98 OCT 19 PM 4: 30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



1. Name of Limited Partnership

1a. DOCUMENT #
A23299

HARRY FELDMAN CLEARWATER ASSOCIATES LIMITED
PARTNERSHIP

Mailing Address

Principal Office Address

1701 LEE RD.
WINTER PARK FL 32789

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WINTER PARK FL 32789

3. Date Formed or Registered

09/23/1986

5a. Capital Contributions as
Shown on record.

\$180,060.00

3a. Date of Last Report

09/29/1997

4. State or Country of Formation

FL

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

2. Mailing Address

2a. Principal Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

6. FEI Number

59-2783966

☐ 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

GRANT, JOHN
1458 KETTLE DRUM TRAIL
ENTERPRISE FL 32725

10. If changed, new Registered Agent/Office

Name GRANT, John
Street Address (P.O. Box Number Is Not Acceptable)
1701 LEE ROAD
Suite, Apt. #, etc.
SUITE A
City WINTER PARK FL Zip Code 32789

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 10/13/98

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

FELDMAN, HARRY
M.D. CARLISLE CORP. OF F
SCHLEIMER, LOUIS

5305 WOODLANDS BLVD.
LORIDA, 1701 LEE ROAD
30 JAEGER DR.

TAMARAC FL
WINTER PARK FL
GLEN HEAD NY

507033

9000026698190-2
-10/22/98--01046-020
****535.00 ****535.00

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 10/15/98

Typed or Printed Name of General Partner Signing Form

H. Feldman Daytime Telephone Number 718 631 0606

CR2E003 (8/98)