

FILE ON OR BEFORE APRIL 9, 1997 TO AVOID REVOCATION
AND \$500 PENALTY FEE

FILED

LIMITED PARTNERSHIP
ANNUAL REPORT
1997



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

97 APR -7 PM 12:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Name of Limited Partnership

1a. DOCUMENT #
A23418

LITTLE PALM ISLAND, LTD.

97-APR
CM



Mailing Address

OVERSEES HIGHWAY 1, M.M. 28.5
ROUTE 4, BOX 1036
LITTLE TORCH KEY FL 33042

Principal Office Address

OVERSEES HIGHWAY 1, M.M. 28.5
ROUTE 4, BOX 1036
LITTLE TORCH KEY FL 33042

3. Date Formed or Registered

10/10/1986

5a. Capital Contributions as
Shown on record.

\$4,375,000.00

3a. Date of Last Report

11/21/1995

4. State or Country of Formation

TN

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

2. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

2a. Principal Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. FEI Number

62-1313679

☐ 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

WOODSON, BEN H.
1317 UNITED STREET
KEY WEST FL 33040

10. If changed, new Registered Agent/Office

Name

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

Suite, Apt. #, etc.

City

1000002140071-0
-04/11/97 FD 103--003
00054125 00054125

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, do hereby accept the appointment 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

WOODSON, BEN H

1317 UNITED ST.

KEY WEST FL

BROWN, WORTHINGTON

1439 N. STATE PARK

CHICAGO IL

RAINES, RICHARD B

1876 CENTRAL AVE.

MEMPHIS TN

RICE, JACK V

4074 BARONNE WAY

MEMPHIS TN

ROTH, JOSEPH H JR.

84001 OVERSEAS HWY.

ISLAMORADA FL

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

BEN H. WOODSON

Daytime Telephone Number

3/31/97
305 872-2524

CR2E003 (11/96)