

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**

97 DEC 18 AM 11:25



1. Name of Limited Partnership:

**1a. DOCUMENT #
A24275**

EDGEWATER NORTH LOT TWO ASSOCIATES, LTD.

Mailing Address

**5401 S. KIRKMAN ROAD
SUITE 515
ORLANDO FL 32819**

Principal Office Address

**5401 S. KIRKMAN ROAD
SUITE 515
ORLANDO FL 32819**

3. Date Formed or Registered

03/18/1987

3a. Date of Last Report

10/02/1996

4. State or Country of Formation

FL

**5a. Capital Contributions as
Shown on record.**

\$100.00

**5b. Amount of Capital
Contributions in FL OR DA
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

59-2784285

☐ 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

**ROHDIE, ROBERT C
5401 S. KIRKMAN ROAD
SUITE 515
ORLANDO FL 32819**

10. If changed, new Registered Agent/Office

Name

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

Suite, Apt. #, etc.

City

FL

Zip Code

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**

EDGEWATER NORTH LOT TWO DEVE

5401 S. KIRKMAN ROAD

ORLANDO FL 32819

J61649

**100002380401-5
-12/23/97-01055-003
***156.25 ***156.25**

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 12/2/97

Typed or Printed Name of General Partner Signing Form ROBERT C. ROHDIE

Daytime Telephone Number 407-248-0110

CR25003 (6/97)