

**FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP  
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP  
ANNUAL REPORT  
**1997**



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

96 OCT -1 PM 1:55



1. Name of Limited Partnership

1a. DOCUMENT #  
**A25185**

**FIRST INTERSTATE NEPTUNE LIMITED PARTNERSHIP**

Mailing Address

2600 TOWER AT ERIEVIEW  
1301 E. 9TH ST., SUITE 2600  
CLEVELAND OH 44114-1824

Principal Office Address

2600 TOWER AT ERIEVIEW  
1301 E. 9TH ST., SUITE 2600  
CLEVELAND OH 44114-1824

3. Date Formed or Registered

09/17/1987

5a. Capital Contributions as  
Shown on record

**\$1,000.00**

3a. Date of Last Report

12/04/1995

5b. Amount of Capital  
Contributions in FLORIDA  
to date

4. State or Country of Formation

OH

6. FEI Number

34-1565799

☐ 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

RICKS, ALEX J.  
1325 SAN MARCO BOULEVARD  
SUITE 600  
JACKSONVILLE FL 32207

10. If changed, new Registered Agent/Office

Name

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

Suite, Apt. #, etc.

City

CLEVELAND OH 44114-1824  
10/03/96-01047-018  
\*\*\*151.25 \*\*\*151.25  
FL

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)

INTERSTATE CENTERS CO.

11a. Address of Each General Partner  
(Do NOT Use Post Office Box Numbers)

% LAWRENCE C. SHERMAN

11b. City, State & Zip Code

CLEVELAND OH

11c. Registration/  
Document Number

P41115

OK  
10-4

**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)(b), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(b) 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.

Interstate Centers Company  
SIGNATURE By: *Lawrence C. Sherman*  
Lawrence C. Sherman

DATE 9/17/96

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

CR2E003 (6/96)