

FILED.
SECRETARY OF STATE.
DIVISION OF CORPORATIONS

97 AUG -1 MM 8: 57

Manatee Summer Place Assoc	iates, LTD.		DO NOT WRITE	IN THIS SPACE.	
2. Mailing Address 5190 26th St. W Brad. Fl.	3. Principal Office Address 5190 26th St. W Brad. F1.		4. Date Formed or Registered	Date Formed or Registered	
Suite, Apt #, etc. Suite D Suite D Suite D		DISG* TI	5. FEI Number	Applied For	
City & State Bradenton Florida Zip Country USA 34207 Manatee	City & State Bradenton Florida Zip Counity USA 34207 Manatee			Not Applicable	
8a. Capital Contributions as Shown on Record: US: 400.00 8b. Amount of Capital Contributions in FLORIDA to date: 0.00	FEES:1.) Filing Fee(s): Computed at a rate of \$7 per \$1,000 on amount entered in 8b, with a minimum filing fee of \$52.50 and a maximum of \$437.50, for each year due this office. 2.) Supplemental Fee(s): \$103.75 for each year due this office, beginning with 1992 calendar year. 3.) Penalty Fee(s): \$500 penalty fee for each year report form is delinquent. Note: If the amount entered in 8b is greater than amount entered in 8a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.				
9. Name and Address of Current Registered Agent			10, If changed, new registered agent/office		
Jack Drazen 5408 13th Street East		Name Terence Matthews, Esq.			
		Street Address (P.O. Box Number Is Not Acceptable)			
Bradenton, FL 34203	Suite, Apartice		1te D	26th Street West, Suite D	
City		City Bra	Bradenton FL Zip Code 34207		
10a. Pursuant to the provisions of sections 620 1051 and 620.192. Florida Staffules, 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, in 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 suction 6fg (\$2, Florida Statutes. SIGNATURE (Registered Agent Accepting Appointment)					
A GENERAL PARTNER THAT/IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.					
11. Names of General Partner(s)	Address of Each General F (Do NOT Use Post Office Box I	artner	City, State and Zip Code	11a. Registration Document Number	
ew Haven Manatee Summer 5190 26th St. lace Liquidation Corporation Suite D Suite D Bradenton, F1		Bradenton, Florida 34207	P97000061663		
	3420		-08/01/91 ***1312	554993 701108001 00 ***1312.00	
	REINSTATEMENT 96-99 Ge 8-1				
			9881		

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 .

941 755 8583

__ Telephone Number _