## 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

1. Name of Limited Partnership

DOCUMENT#

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

98 DEC 14 AM 8: 14

ECOMBER 9,1598

Daytime Telephone Number 203-624-9900

·	A25606				
MANATEE SUMMER PLACE ASSOCIATES LTD.			(N) 12   2 \		
Mailing Address	Principal Office Address		3. Date Formed or Registered	5a. Capital Contributions as Shown on record.	
5190 26TH STREET W. BRAD. FL SUITE D BRADENTON FL 34207	5190 26TH STREET W. BRAD. FL. , SUITE D BRADENTON FL 34207		12/01/1987  3a. Date of Last Report  01/05/1998	\$68,400.00  5b. Amount of Capital Contributions in FLORIDA (or determined)	
2. Mailing Address	2a. Principal Office Address		4. State or Country of Formation	68,400.00	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		6. FEI Number	Applied For	
City & State	City & State		65-0009655	Not Applicable	
Zip Country	Zip Country		7. Certificate of Status Desired	\$8.75 Additional Fee Required	
, in the second			8. Make check payable to: Dept. of S	tate (See reverse side for fee information)	
9. Name and Address of Current Registered Agent		<u> </u>	10. If changed, new Registered Agent/Office		
		Name			
MATTHEWS, TERENCE ESQ.		Street Address (P.O. Box Number Is Dor Parting Parting 1997)			
· · · · · · · · · · · · · · · · · · ·		Suite, Apt. #, et			
DRAUENTON FE 34207					
		City FL Zip Code			
10a. Pursuant to the provisions of sections 620,1051 and 620 for the purpose of changing its registered office or regist agent, I am familiar with, and accept the obligations of s	tered agent, or both, in the State of Florid:	limited partnersh a. Such change w	as authorized by its general partner(s). I hereby	State of Florida, submits this statement accept the appointment of registered	
A GENERAL PARTNER THAT IS	A CORPORATION, L BE REGISTERED AND	IMITED P	ARTNERSHIP OR OTHER	R BUSINESS ENTITY	
11. Name(s) of General Fartner(s)	11a. Address of Each General (Do NOT Use Post Office Box	Partner	1b. City, State & Zip Code	11c. Registration/	
NEW HAVEN MANATEE SUMMER PLA	5190 26TH STREET WEST		BRADENTON FL 34207	P97000061663	
Note: General partners MAY NOT be	changed on this form:	an amen	dment must be filed to cha	nge a general nartner	

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

empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

Typed or Printed Name of General Partner Signing Fo

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