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 DEC 24 AM 8:56

1. Name of Limited Partnership

FOUNTAIN ASSOCIATES I, LTD.

1a. DOCUMENT # **A26183**

Mailing Address
6200 COURTNEY CAMPBELL CAUSEWAY
SUITE 600
TAMPA FL 33607

Principal Office Address
6200 COURTNEY CAMPBELL CAUSEWAY
SUITE 600
TAMPA FL 33607

2. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

2a. Principal Office Address
Suite, Apt. #, etc.
City & State
Zip Country

3. Date Formed or Registered
03/29/1988

3a. Date of Last Report
12/26/1995

4. State or Country of Formation
FL

5a. Capital Contributions, as Shown on Records
$99.00

5b. Amount of Capital Contributions in FLORIDA to date

6. FEI Number
59-2917009
☐ 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

WILSON, JACK
6200 COURTNEY CAMPBELL CAUSEWAY
SUITE 600
TAMPA FL 33607

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 s. 620.1304 of the 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 duties of registered agent set forth in s. 620.1305 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
TWC SIXTY-ONE, INC.	6200 COURTNEY CAMPBEL	TAMPA FL	M74251

CR2E003 (6/96)

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I declare by oath or affirmation that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I release the Division of Corporations from any liability or loss in connection with the release that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report, including all amendments, is true and accurate and that I have the same legal effect 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.

TWC Sixty-One, Inc., General Partner
SIGNATURE By: Debra F. Koehler DATE 12/02/96
Typed or Printed Name of Individual Signing Above Debra F. Koehler, Sr. Vice President Daytime Telephone Number 813/281-8888

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