

**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
96 OCT 14 PM 1:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Name of Limited Partnership

1a. DOCUMENT #
A26526

SARASOTA LAKESIDE CLUB LIMITED PARTNERSHIP

97 AR
LWS CM



Mailing Address

C/O FORWARD MANAGEMENT, INC.
110 S. BROOKS ST.
MADISON WI 53715

Principal Office Address

C/O FORWARD MANAGEMENT, INC.
110 S. BROOKS ST.
MADISON WI 53715

2. Mailing Address

2a. Principal Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

3. Date Formed or Registered

06/08/1988

5a. Capital Contributions as
Shown on record

\$0.00

3a. Date of Last Report

10/31/1995

4. State or Country of Formation

WI

5b. Amount of Capital
Contributions in FLORIDA
to date

6. FBI Number

39-1627560

☐ 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

WEAVER, KATHY
4325 40TH ST., W.
BRADENTON FL 34205

10. If changed, new Registered Agent/Office

Name

Street Address (P.O. Box Number)

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)

FARR, THOMAS G.
FIRST MADISON CORP-88

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

110 SO BROOKS ST
617 N. SEGOE RD. STE

11b. City, State & Zip Code

MADISON WI
MADISON WI

11c. Registration/
Document Number

F93000001617

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

Thomas G. Farr

DATE

10-1-96

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

CR2EC03 (6/96)