

**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 Morham**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 DEC 24 PM 9:59

1. Name of Limited Partnership

1a. DOCUMENT #  
**A28075**



**MIRA LAGO OF SARASOTA, LTD.**

Mailing Address:  
**7184 BENEVA ROAD  
SARASOTA FL 34238**

Principal Office Address:  
**7184 BENEVA ROAD  
SARASOTA FL 34238**

3. Date Formed or Registered  
**03/20/1989**

5a. Capital Contributions as  
Shown on record  
**\$800,000.00**

3a. Date of Last Report  
**01/02/1996**

5b. Amount of Capital  
Contributions in FL (FUTA  
to date)

2. Mailing Address:

2a. Principal Office Address:

4. State or Country of Formation  
**FL**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

6. FFI Number  
**65-0106377**

☐ Applied For  
☐ Not Applicable

City & State

City & State

7. Certificate of Status Desired

☐ **\$8.75 Additional  
Fee Required**

Zip

Country

Zip

Country

8. Make check payable to: Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent

10. If changed, new Registered Agent/Office

**STORY, STEPHEN  
1408 WESTSHORE BLVD. NORTH  
SUITE 908  
TAMPA FL 33607**

Name

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

Suite, Apt. #, etc.

City

**FL**

Zip Code

10a. For use in the provisions of sections 607.01(1)(b) and 607.01(2), 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 aware of the obligations of section 607.01(2), 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

**MIRA LAGO DEVELOPMENT, INC.**

**7184 BENEVA ROAD**

**SARASOTA FL 34238**

**P93000015206**

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

12. I declare by certifying 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, to ensure the Division of Corporations is free of any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. Further certify that the information indicated on this annual report is true and accurate, and that my signature shall 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.

SIGNATURE

DATE

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

*Mark T. Knight*  
**Mark T. Knight**

**12/13/96**

**941-921-7953**