

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

97 JAN -7 PM 2:14

WR
1/14

1. Name of Limited Partnership

1a. DOCUMENT #
A29089

CONCOURSE CENTER ASSOCIATES LIMITED PARTNERSHIP



Mailing Address

P.O. BOX 34917
WEST BETHESDA MD 20827

Principal Office Address

FRONTAGE ROAD
TAMPA FL 33607

3. Date Formed or Registered

10/23/1989

5a. Capital Contributions as
Shown on record.

\$2,800,000.00

3a. Date of Last Report

10/30/1995

5b. Amount of Capital
Contributions in FLORIDA
to date:

2,800,000 -

4. State or Country of Formation

DC

6. FEI Number

52-1638099

☐ 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)

2. Mailing Address

3505 Frontage Rd
Suite 160
Tampa, Florida
33607 USA

2a. Principal Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

9. Name and Address of Current Registered Agent

BAY, CHRISTINE A., ESQ.
C/O RUDNICK & WOLFE
101 EAST KENNEDY BLVD.
TAMPA FL 33602-5133

10. If changed, new Registered Agent/Office

Name

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

200002058872--7

Suite, Apt. #, etc.

01/15/97-01033-010

****576.25

****576.25

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)

PRINCETON CAPITAL CORP.

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

6710 GREENTREE ROAD
3505 Frontage Rd
Suite 160

11b. City, State & Zip Code

BETHESDA MD 20817
Tampa, FLorida
33607

11c. Registration/
Document Number

P26528

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

Typed or Printed Name of General Partner Signing Form

Princeton Capital Corp
GenPartner, Concourse Center Assoc
Jeffrey R. Reider

DATE

12/11/96

Daytime Telephone Number

813-289-1653

CR2E003 (6/96)