FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND $500 PENALTY FEE

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 FEB -1 PM 1:57

$353.35

LIMITED PARTNERSHIP
ANNUAL REPORT
2000

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

1. Name of Limited Partnership

THE MICHELLE NORTON LIMITED PARTNERSHIP

1a. DOCUMENT # A 29718

Mailing Address	Principal Office Address
2017 Monroe St. Fort Myers, Fl. 33901	3443 CLUBVIEW DRIVE NORTH FORT MYERS, FL 33917

2. Mailing Address: 6433 Autumn Woods Blvd.
Suite, Apt. #, etc.: Naples Fl.
City & State: Florida
Zip: 34109 Country: U.S.A.

2a. Principal Office Address: 6433 Autumn Woods Blvd
Suite, Apt. #, etc.: Naples,
City & State: Florida
Zip: 34109 Country: U.S.A.

3. Date Formed or Registered: MARCH 1990

3a. Date of Last Report:

4. State or Country of Formation: Fl.

5a. Capital Contributions as Shown on record: $37,800

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

6. FEI Number ☐ 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

HENDERSON, ROBERT P
1619 JACKSON ST.
FT. MYERS, FL33901

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 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)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/ Document Number
Michelle Norton	6433 AUTUMN WOODS BLVD.	NAPLES, FL 34109	

100003124821--3
-02/04/00--01097--009
****353.35 ****353.35

GR2E003 (8/98)

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 Michelle Norton DATE JAN 20/00

Typed or Printed Name of General Partner Signing Form: MICHELLE NORTON Daytime Telephone Number: 941-566-1456