

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 -2 PM 1:03



1. Name of Limited Partnership

1a. DOCUMENT #
A29851

SUN PLAZA LTD OF DELAWARE

Mailing Address

1100 SUPERIOR AVENUE
CLEVELAND OH 44114

Principal Office Address

1100 SUPERIOR AVENUE
CLEVELAND OH 44114

3. Date Formed or Registered

03/21/1990

5a. Capital Contributions as
Shown on record.

\$0.00

3a. Date of Last Report

10/26/1995

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

4. State or Country of Formation

DE

2. Mailing Address

2a. Principal Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. FEI Number

34-1435540

☐ 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

JOHNSON, CARLTON M JR.
316 S. BAYLEN STREET
SUITE 600
PENSACOLA FL 32501

10. If changed, new Registered Agent/Office

Name

30000202333--2

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

12/06/96--01066--019

Suite, Apt. #, etc.

****191.25 ****191.25

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)

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

11b. City, State & Zip Code

11c. Registration/
Document Number

PREIMER, J. GORDON

1100 SUPERIOR AVENUE

CLEVELAND OH

WEST, WILLIAM N

1100 SUPERIOR AVENUE

CLEVELAND OH

KELL, LAWRENCE A

1100 SUPERIOR AVENUE

CLEVELAND OH

OSTENDORF-MORRIS PROPER.

1100 SUPERIOR AVENUE

CLEVELAND OH

P07324

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 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

Lawrence A. Kell
LAWRENCE A. KELL

DATE

11/26/96

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

216 861-7200

CR2E003 (6/96)