

**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 18 AM 9:17

1. Name of Limited Partnership

1a. DOCUMENT #
A29862

CECILE RESORT, LTD.



Mailing Address

**4786 WEST IRLO BRONSON MEM. HIGHWAY
KISSIMMEE FL 34727**

Principal Office Address

**4786 WEST IRLO BRONSON MEM. HIGHWAY
KISSIMMEE FL 34727**

3. Date Formed or Registered

03/27/1990

5a. Capital Contributions as
Shown on record

\$2,000.00

3a. Date of Last Report

01/03/1996

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

4. State or Country of Formation

FL

2. Mailing Address

2a. Principal Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. FEI Number

59-3017870

☐ 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

**NADD, JOHN R.
4786 W. IRLO BRONSON MEMORIAL HWY.
KISSIMMEE FL 34746**

10. If changed, new Registered Agent/Office

Name

JOHN SCOTT NADD

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

4786 W. IRLO BRONSON MEMORIAL HWY.

Suite, Apt. #, etc.

City

KISSIMMEE

FL

Zip Code

34746

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)

John Scott Nadd

DATE **12-6-96**

**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)

EURAMERICA INVESTMENT CONSUL

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

4786 W IRLO BRONSON M

11b. City, State & Zip Code

KISSIMMEE FL

11c. Registration/
Document Number

M88575

600002044848-1
01/08/97-0112-015
***200.00 ***200.00

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

John Scott Nadd

DATE

12/6/96

Typed or Printed Name of General Partner Signing Form

John Scott Nadd

Daytime Telephone Number

(407) 396-2056

CP2E003 (6/96)