

FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT
TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1998



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

FILED

97 DEC 22 AM 10:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12/30

1. Name of Limited Partnership

1a. DOCUMENT #
A29971

NEPTUNE-ST. PETERSBURG, LTD.

Mailing Address
34042 U.S. HWY 19 NORTH
SUITE B-4
PALM HARBOR, FL 34687

Principal Office Address
34042 U.S. HWY 19 NORTH
SUITE B-4
PALM HARBOR, FL 34687

3. Date Formed or Registered

04/25/70

5a. Capital Contributions as
Shown on record

\$204,200

3a. Date of Last Report

12/18/96

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

\$204,200

2. Mailing Address

2a. Principal Office Address

4. State or Country of Formation

CA

Suite, Apt. #, etc.

Suite, Apt. #, etc.

6. FEI Number

94-2752318

☒ 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/Officer

AHRENS, HARA
351 EAST OAKLAND PARK BLVD.
OAKLAND PARK, FL 33334

Name

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

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) X

DATE X

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

NEPTUNE MANAGEMENT CORP

1721 W. MAGNOLIA BLVD.

BURBANK, CA 91506

P27177

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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 X

DATE X

EMANUEL WEINTRAUB

Daytime Telephone Number (818) 845-2415

CR2E003 (6/97)