

FILE ON OR BEFORE APRIL 8, 1998 TO AVOID
REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1998



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

98 APR -1 AM 9:40

1. Name of Limited Partnership

1a. DOCUMENT #
A30263

3227 S. HORSESHOE DRIVE, LTD.



Mailing Address

3003 TAMiami TRAIL NORTH
NAPLES FL 33940

Principal Office Address

3003 TAMiami TRAIL NORTH
NAPLES FL 33940

3. Date Formed or Registered

06/25/1990

5a. Capital Contributions as
Shown on record

\$1,131,621.00

3a. Date of Last Report

04/11/1997

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

\$268,688.00

2. Mailing Address

3003 TAMiami TRAIL NORTH

2a. Principal Office Address

3003 TAMiami TRAIL NORTH

Suite, Apt. #, etc.

SUITE #400

Suite, Apt. #, etc.

SUITE #400

City & State

NAPLES FL

City & State

NAPLES FL

Zip

34103

Country

US

Zip

34103

Country

US

6. FEI Number

65-0201839

☐ 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

COLLIER MANAGEMENT SERVICES, INC.
3003 TAMiami TRAIL NORTH
ATTN: TERRY FLORA
NAPLES FL 33940

10. If changed, new Registered Agent/Office

Name

Street Address (P.O. Box Number is Not Acceptable)
3003 TAMiami TRAIL NORTH

Suite, Apt. #, etc.

SUITE #400

City

NAPLES

FL

Zip Code
34103

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)

COLLIER MGMT. SERV., INC

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

3003 TAMiami TRAIL NO

11b. City, State & Zip Code

NAPLES FL

11c. Registration/
Document Number

L56855

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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

DATE

3/20/98

TERRY L. FLORA, VP

941/261-4455

CR2E003 (12/97)