

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

97 JAN -3 PM 3:40



1. Name of Limited Partnership

1a. DOCUMENT #
A30654

EASTPOINTE TOWERS ASSOCIATES, LTD.

Mailing Address

Principal Office Address

~~200 E. ROBINSON ST.~~
~~SUITE #900~~
~~ORLANDO FL 32801~~

200 E. ROBINSON ST.
~~SUITE #900~~
~~ORLANDO FL 32801~~

3. Date Formed or Registered

09/28/1990

5a. Capital Contributions as
Shown on record.

\$3,660,527.00

3a. Date of Last Report

01/03/1996

5b. Amount of Capital
Contributions in FL ORIDA
to date:

1,921,616

4. State or Country of Formation

FL

6. FEI Number

59-3035072

☐ 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)

2. Mailing Address

1035 S. SEMORAN BLVD.

Suite, Apt. #, etc.

SUITE 1007

City & State

WINTER PARK, FL

Zip

32792

U.S.

2a. Principal Office Address

1035 S. SEMORAN BLVD.

Suite, Apt. #, etc.

SUITE 1007

City & State

WINTER PARK, FL

Zip

32792

Country

U.S.

9. Name and Address of Current Registered Agent

A.G.C. CO.
2300 SUN BANK CENTER
200 SOUTH ORANGE AVENUE
ORLANDO FL 32801

10. If changed, now Registered Agent/Office

Name

Street Address (P.O. Box Number for Notaries Only)

700002058277-4

Suite, Apt. #, etc.

01/15/97-01007-017

****585.00 ****585.00

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)

ACP-EASTPOINTE, INC.

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

~~5440 HOLLYWOOD BLVD.~~
1035 S. SEMORAN BLVD.
SUITE 1007

11b. City, State & Zip Code

~~HOLLYWOOD FL 33021~~
WINTER PARK, FL
32792

11c. Registration/
Document Number

P96000025634

acc (cus) 585.00

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

DATE 12-30-96

Typed or Printed Name of General Partner Signing Form DALE JOHANNES, ACP-EASTPOINTE, INC. Daytime Telephone Number (407) 473-4242

CR2E003 (6/96)