

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

FILED

97 SEP 26 PM 1:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED PARTNERSHIP
ANNUAL REPORT
1998



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

1. Name of Limited Partnership

1a DOCUMENT #
A30745

R.I.A. PENSACOLA LIMITED PARTNERSHIP

98-AR
CM



Mailing Address

~~2320 CHAGRIN BLVD. BLDG. 1, SUITE 102~~
~~BEACHWOOD OH 44122~~

23210 CHAGRIN BLVD. #102
BEACHWOOD, OH 44122

2. Mailing Address

Suite, Apt. #, etc.

City & State

Zip Country

Principal Office Address

~~2320 CHAGRIN BLVD. #102~~
~~BEACHWOOD OH 44122~~

23210 CHAGRIN BLVD. #102
BEACHWOOD, OH 44122

2a. Principal Office Address

Suite, Apt. #, etc.

City & State

Zip Country

3. Date Formed or Registered

10/25/1990

3a. Date of Last Report

09/23/1996

4. State or Country of Formation

OH

6. FEI Number

31-1310040

5a. Capital Contributions as
Shown on record

\$338,500.00

5b. Amount of Capital
Contributions in FL O/RMA
to date:

☐ 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

C T CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

Name

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

Suite, Apt. #, etc.

City

FL

Zip Code

10a. Pursuant to the provisions of sections 620.10(1) 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)

WEINGART, NED S.
EQUITY PLANNING HLDG. CO

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

23210 CHAGRIN BLVD. #102
~~23200 CHAGRIN BLVD. #~~
23210 CHAGRIN BLVD. #102
~~23200 CHAGRIN BLVD. #~~

11b. City, State & Zip Code

BEACHWOOD OH 44122
BEACHWOOD OH 44122

11c. Registration
Document Number

P31522

200002310572--7
-10/02/97--01116--002
****550.00 ****550.00

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 September 22, 1997

Typed or Printed Name of General Partner Signing Form

Ned S. Weingart

Daytime Telephone Number 216/595-0780

CP2EC03 (6/97)