FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1000

Typed or Printed Name of General Partner Signing Form



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1. Name of Limited Partnership

1a. DOCUMENT # A30772

FILED

98 DEC 24 AN 10-22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(727)461-4801

PARTNERSHIP X Principal Office Address					ICOCO OLINIA DI COLO RICOLO DI COLO ILICO							
Principal Office Address												
	Principal Office Address		3. Date Formed or Registered	5a. Capital Contributions as Shown on record.								
33 NORTH GARDEN AVENUE. SUITE 1200 CLEARWATER FL 33755			11/02/1990	\$1,357,200.00								
			3a. Date of Last Report									
			Contributions in FLC		ributions in FLORIDA							
2a. Principal Office Address												
Suite, Apt. #, etc.				<u> </u>	Applied For							
City & State			59-3035445									
Zip Country		_	7. Certificate of Status Desired \$8.75 Additional Fee Required									
			8. Make check payable to: Dept. of State (See reverse side for fee information)									
ristered Agent	red Agent 10. If changed, new Registered Agent/Office											
MIDLAND FINANCIAL HOLDINGS, INC. 33 NORTH GARDEN AVENUE, SUITE 1200 CLEARWATER FL 33755 Name Street Address (P.O. B) Sulto, Apt. #, etc. City			Name									
			-01/13/9901076022 ****526.25 *****526.25									
							ered agent, or both, in the State of Floric ection 620,192, Florida Statutes. A CORPORATION, L	da. Such change was	authori	zed by its general partner(s). I hereby	accept the ep	pointment of registered
									b.	City, State & Zip Code	11c.	Registration/ Document Number
33 NORTH GARDEN AVENU		CLEARWATER FL 33755		K22808 808 808 808 808 808 808 808 808 80								
ing is voluntarily furnished and does not tion 119.07(3)(k) in the event that the info	qualify for the exemp ormation supplied is	tion sta	ted in Section 119.07(3)(k), Florida Sta l exempt from public access. I further o partify that I am a General Partner of th	atutes. I release certify that the se limited part	se the Division of Information Indicated on nership, receiver or trustee							
	Suite, Apt. #, etc. City & State Zip 2.192, Florida Statutes, the above-name ered agent, or both, in the State of Florida City of Each General Address of Each General Addr	Suite, Apt. #, etc. City & State Zip Country Instance Agent Name Street Address (F Suite, Apt. #, etc. City 2.192, Florida Statutes, the above-named limited partnership ered agent, or both, in the State of Florida. Such change was ection 620.192, Florida Statutes. A CORPORATION, LIMITED PA BE REGISTERED AND ACTIVE Y 11a. Address of Each General Partner 11a. (Do NOT Use Post Office Box Numbers) 33 NORTH GARDEN AVENU 2 Changed on this form; an amend ing is voluntarily furnished and does not qualify for the exemption 119.07(3)(k) in the event that the information supplied is re shall have the same legal effects as if made under oath. Is re shall have the same legal effects as if made under oath.	Suite, Apt. #, etc. City & State Zip Country Jistered Agent Name Street Address (P.O. Box Suite, Apt. #, etc. City 0.192, Florida Statutes, the above-named limited partnership organizered agent, or both, in the State of Florida. Such change was author ection 620.192, Florida Statutes. A CORPORATION, LIMITED PARTN BE REGISTERED AND ACTIVE WITI 11a. Address of Each General Partner 11b. 33 NORTH GARDEN AVENU CLEA CLEA City CLEA City City CLEA City City	Suite, Apt. #, etc. City & State Zip Country R, Make check payable to: Dept. of Status Desired 8, Make check payable to: Dept. of Status Desired 10, If changed, new Registered Name Street Address (P.O. Bex Number is Not Acceptable) Suite, Apt. #, etc. City City City ACCRPORATION, LIMITED PARTNERSHIP OR OTHEI BE REGISTERED AND ACTIVE WITH THIS OFFICE. 11a. Address of Each General Partner 11b. City, State & Zip Code 33 NORTH GARDEN AVENU CLEARWATER FL 33755 Changed on this form; an amendment must be filled to change is selected in the sevent that the information supplied is deemed exempt from public access. I further resulting turnished and does not qualify for the exemption stated in Section 1/9.07(3)(k), Florida Status Sta	2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country Country Country A, Make check payable to: Dept. of State (See rave Agent) To thanged, new Registered Agent) Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City Suite, Apt. #, etc. City City City City The State of Florida. Such change was authorized by its general partner(s). I hereby accept the specifion 620.192, Florida Statutes. A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINE REGISTERED AND ACTIVE WITH THIS OFFICE. 11a. (Do NOT Use Post Office Box Numbers) A CORPORATION AVENU CLEARWATER FL 33755 K22 Changed on this form; an amendment must be filled to change a gring is voluntarily furnished and does not qualify for the exemption stated in Section 1/9.07(3)(t), Florida Statutes. I release from 1/9.07(3)(t) in the event that the information supplied is deemed exampt from public access. I further contrily that plate can't interest contrily that plate contril that plate control that plate control that plate control							

Ray F. Mathis, President