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

LIMITED PARTNERSHIP ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

OTHER TO AMIL: OF

1998	Secretary of State DIVISION OF CORPORATIONS		SECRETARY DE STAIS			
1. Name of Limited Partnership	1a. DOCUMEN A30910	SECHETARY OF STAIL TÄLLAHASSEE.FLORIDA				
CORTEZ COMMONS, LTD.						
					J/12/2	
Malling Address	Principal Office Address		3. Date Formed or Registered	5a. Capital Contributions as Shown on record. \$2,751,873.00		
1733 FLETCHER AVE.	1733 FLETCHER AVE.		12/13/1990			
TAMPA FL 33612	TAMPA FL 33612		3a. Date of Last Report 12/27/1996			
2. Mailing Address	2a. Principal Office Address		4. State or Country of Formation	5b. Amount of Capital Contributions in Ft ORIDA to date:		
			FL			
Sulte, Apt. #, etc.	Suite, Apt. #, etc.		6. FEI Number 59-3043554	Applied For Not Applicable		
City & State		City & State			\$8.75 Additional Fee Required	
Zip Country	Zip Cou	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/Office			
WALTERS, CLIFFORD L		ame				
802 11TH STREET WEST	<u> </u>	Street Address (P.O.				
BRADENTON FL 34205	<u>L</u>	uite, Apt. #, etc.	Zip Code			
10a. Pursuant to the provisions of sections 620.1051 at			penized or registered under the laws of the	FL		
	r registered agent, or both, in the State of Florida.					
SIGNATURE (Registered Agent Accepting Appointment)			DATE			
A GENERAL PARTNER THAT MUS	TIS A CORPORATION, LIM BT BE REGISTERED AND A	IITED PAR ACTIVE WI	TNERSHIP OR OTHE ITH THIS OFFICE.	R BUSINE	SS ENTITY	
11. Name(s) of General Partner(s)	Addross of Each General Part (Do NOT Use Post Office Box Nu	mbers) 11b.	City, State & Zip Code	11c. Do	Registration/ ocument Number	
CORTEZ COMMONS CORPORATE, IN	1733 W. FLETCHER AVE	TA	MPA FL 33612	P95000032178		
			90002 -12/30 ****5	3657 1797010 41.25 */	1 9 7 45016 ***541.25	
Note: General partners MAY NO				-		
12. I do hereby certily that the information supplied with	tuis ming is voluntarily turnished and does not qua	auty for the exemption	on stated in Section 119.07(3)(k). Florida.	Stalules, Frelease f	he Division of	

12. I do hereby certily that the information supplied with this firing 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 eath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as regarded by chapter 620, Florida Statutes.

SIGNATURE

DATE

DATE

11 - 5 - 9.7

Typed or Printed Name of General Partner Signing Form

Daylime Telephone Number

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DATE 11-5-97

Daytime Telephone Number 813-960-8154