

**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

96 NOV 25 PM 3:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Name of Limited Partnership

1a. DOCUMENT #
A31279

INDEPENDENT DEVELOPMENT COMPANY, L.P. OF KISSIMMEE, LIMITED PARTNERSHIP



gf 12/4

Mailing Address
**+ CIVIC PLAZA-SUITE 100
NEWPORT BEACH CA 92660**

Principal Office Address
**+ CIVIC PLAZA-SUITE 100
NEWPORT BEACH CA 92660**

3. Date Formed or Registered
03/11/1991

5a. Capital Contributions as Shown on record.
\$7,500.00

3a. Date of Last Report
11/13/1995

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

4. State or Country of Formation
DE

6. FEI Number
33-0442485 ☐ 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
1216 N. Tustin Avenue
Suite, Apt. #, etc.

2a. Principal Office Address
1216 N. Tustin Avenue
Suite, Apt. #, etc.

City & State
Orange, CA

City & State
Orange, CA

Zip Country
92867 USA

Zip Country
92867 USA

9. Name and Address of Current Registered Agent

**WILLIAMS, JIMMIE D
1515 MICHIGAN AVE.
KISSIMMEE FL 34744**

10. If changed, new Registered Agent/Office

Name

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

Suite, Apt. #, etc.

City

FL

Zip Code

10a. Pursuant to the provisions of sections 620.1051 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)

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

11b. City, State & Zip Code

11c. Registration/Document Number

INDEPENDENT DEV. CO. INC

**+ CIVIC PLAZA, #100
1216 N. Tustin Ave.**

**NEWPORT BCH CA
Orange, CA 92867**

P34058

**000002022620--5
-12/06/96--01092--014
****191.25 ****191.25**

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

Richard A. Gumpert

DATE **11-5-96**

Typed or Printed Name of General Partner Signing Form

Richard A. Gumpert

Daytime Telephone Number **714-288-6840**

CR2E003 (6/96)