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

LIMITED PARTNERSHIP ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partnership

DOCUMENT#

FILED 98 OCT 20 PM 4: 30 SECRETARY OF STATE

	A31605		IALL	IALLAHASSEE, FLORIDA	
FLORIDA BOCA WINDS LIMITED PARTNERSHIP					
Mailing Address	Principal Office Address		3. Date Formed or Registered	5a. Capital Contributions as Shown on record.	
380 UNION STREET WEST SPRINGFIELD MA 01089	380 Union Street West Springfield MA 01089		06/07/1991 3a. Date of Last Report	\$1,000.00	
			09/18/1997	5b. Amount of Capital Contributions in FLORIDA	
2. Mailing Address	2a. Principal Office Address		4. State or Country of Formation MA	to date:	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		6. FEI Number	Applied For	
City & State	City & State		7. Certificate of Status Desired	☐ Not Applicable	
Zip Country	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			
C T CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD		Name Streef Address (P.O. Box Number Is Not Acceptable)			
		Suite, Apt. #, etc.	uite, Apt. #, etc.		
		City		FL Zip Code	
10a. Pursuant to the provisions of sections 620.1051 and 6 for the purpose of changing its registered office or regi agent. I am familiar with, and accept the obligations of SIGNATURE (Registered Agent Accepting Appointment)	stered agent, or both, in the State of Florid				
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 Numbers) 11k	City, State & Zip Code	11c. Registration/ Document Number	
NEPSA PROPERTY INVESTORSING.	380 UNION STREET		WEST SPRINGFIELD MA	P34379 (86/8) 8	
			300002 -10/22 ***25	2/8801069011 67.50 ****141.25	
				Explus.	
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 to Corporations from any liability of non-compliance with Se this annual report is true and accurate and that my signal empowered to execute this report as required by chapter	ction 119.07(3)(k) in the event that the info iure shall have the same legal effects as if	rmation supplied is de	eemed exempt from public access. I further	certify that the information indicated on	
SIGNATURE	1 5c		DATE	9/8/92	
Typed or Printed Name of General Partner Signing Form	Tereny lava		Daytime Telephone Number Lf1	3/181-0734 × 312	