

FILE ON OR BEFORE APRIL 9, 1997 TO AVOID REVOCATION
AND \$500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1997



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 APR -9 PM 4:19

1. Name of Limited Partnership FALCON COVE ASSOCIATES LIMITED PARTNERSHIP		1a. DOCUMENT # A31823	
Mailing Address 1650 LAKE SHORE DRIVE SUITE 220 COLUMBUS OH 43204-4885		Principal Office Address 1650 LAKE SHORE DRIVE SUITE 220 COLUMBUS OH 43204-4885	
2. Mailing Address Suite, Apt. #, etc. City & State Zip Country		2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country	
3. Date Formed or Registered 07/30/1991		5a. Capital Contributions as Shown on record. \$500,100.00	
3a. Date of Last Report 09/18/1995		5b. Amount of Capital Contributions in FLORIDA to date:	
4. State or Country of Formation OH		6. FEI Number 31-1327642 ☐ 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 CAPITAL CONNECTION, INC. 417 EAST VIRGINIA STRET, SUITE 1 TALLAHASSEE FL 32301	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code
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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) INVESTMENT RESOURCES, INC	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 1850 LAKESHORE DRIVE	11b. City, State & Zip Code COLUMBUS OH	11c. Registration/Document Number P34824
100002142521--9 -04/14/97--01147--003 ****541.25 ****541.25			

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 the 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

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number