

**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
SECRETARY OF STATE
DIVISION OF CORPORATIONS

96 SEP 18 AM 8:41

1. Name of Limited Partnership

1a. DOCUMENT #
A32053

CAMBRIDGE DEVELOPMENT, LTD.

Mailing Address

**861 DOUGLAS AVE
ALTAMONTE SPRINGS FL 32714**

Principal Office Address

**861 DOUGLAS AVE
ALTAMONTE SPRINGS FL 32714**

3. Date Formed or Registered

10/02/1991

5a. Capital Contributions as
Shown on record

\$780,000.00

3a. Date of Last Report

02/23/1996

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

780,000.00

4. State or Country of Formation

FL

6. FFI Number

59-3087723

☐ 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

2a. Principal Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

**A.G.C. CO.
200 S. ORANGE AVE.
SUITE 2300
ORLANDO FL 32801**

Name

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

Suite, Apt. #, etc.

City

10. If changed, new Registered Agent/Office

**2000001954502
-09/24/96-01176-003
585.00
FL**

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)

**CAMBRIDGE DEVELOPMENT, INC
DEVELOPMENT, INC**

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

861 DOUGLAS AVE

11b. City, State & Zip Code

ALTAMONTE SPRINGS FL

11c. Registration/
Document Number

S84340

Handwritten signature

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

Handwritten signature

DATE

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

407-865-9600

CR2E003 (6/96)