

**FILE ON OR BEFORE APRIL 8, 1998 TO AVOID
REVOCATION AND \$500 PENALTY FEE**

**LIMITED PARTNERSHIP
ANNUAL REPORT
1998**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

98 APR -6 PM 3:44

1. Name of Limited Partnership

1a. DOCUMENT #
A33343

CLERMONT VENTURE, LTD.



Mailing Address

Principal Office Address

7829 GREENBRIAR PARKWAY
ORLANDO FL 32819

7829 GREENBRIAR PARKWAY
ORLANDO FL 32819

3. Date Formed or Registered

08/11/1992

5a. Capital Contributions as
Shown on record

\$25,000.00

3a. Date of Last Report

12/17/1996

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

25,000.00

4. State or Country of Formation

FL

2. Mailing Address

2a. Principal Office Address

6355 MetroWest Blvd
Suite, Apt. #, etc.

6355 MetroWest Blvd
Suite, Apt. #, etc.

Suite 330

Suite 330

City & State

City & State

Orlando FL

Orlando FL

Zip

Zip

32835 USA

32835 USA

6. FEI Number

59-3138156

☐ 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

ROSSMAN, NANCY A.
7829 GREENBRIAR PARKWAY
ORLANDO FL 32819

10. If changed, new Registered Agent/Office

Name

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

6355 MetroWest Blvd Suite 330

Suite, Apt. #, etc.

City

Orlando

FL

Zip Code
32835

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

CLERMONT REGIONAL CENTER, INC.

7829 GREENBRIAR PARKWAY
6355 MetroWest Blvd
Suite 330
Orl FL 32835

ORLANDO FL

L80556

500002485335--0
-04/10/98-01118-005
****263.75 ****263.75

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

DATE

Typed or Printed Name of General Partner Signing Form **NANCY A. ROSSMAN, President of CLERMONT**

Daytime Telephone Number

(407) 523-2323

CR25003 (1-2/97)