

**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 DEC 31 PM 4:18 *dk ily*



1. Name of Limited Partnership

1a. DOCUMENT #
A92000000048

SMUGGLERS COVE PARTNERS, LTD.

Mailing Address
~~101 GEORGE KING BLVD SUITE 4~~
CAPE CANAVERAL FL 32920

Principal Office Address
~~101 GEORGE KING BLVD SUITE 4~~
CAPE CANAVERAL FL 32920

3. Date Formed or Registered
10/30/1992

5a. Capital Contributions as
Shown on record
\$1,000.00

3a. Date of Last Report
12/26/1995

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

4. State or Country of Formation
FL

2. Mailing Address
450 Challenger Road

2a. Principal Office Address
450 Challenger Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

6. FEI Number
59-3151113

☐ Applied For
☐ Not Applicable

City & State

City & State

7. Certificate of Status Desired

☒ **\$8.75** Additional
Fee Required

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

POPP, GREGORY A ESQ
~~101 GEORGE KING BLVD~~
~~SUITE 4~~
CAPE CANAVERAL FL 32920

Name

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

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 **December 19, 1996**

**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

HERITAGE PARTNERS GROUP, INC
HARDING, NEAL F

~~101 GEORGE KING BLVD~~
~~101 GEORGE KING BLVD~~
450 Challenger Road
450 Challenger Road

CAPE CANAVERAL FL 329
CAPE CANAVERAL FL 329

V24984

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-01/07/97--01183--019
******208.75 ****208.75**

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 **12/19/96**

Typed or Printed Name of General Partner Signing Form

Jacqueline McPhillips

Daytime Telephone Number **407-799-4090**