

FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT  
TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP  
ANNUAL REPORT  
1998



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

97 DEC 30 PM 2:14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. Name of Limited Partnership

1a. DOCUMENT #  
**A92000000150**

**SEMINOLE OFFICE PROPERTIES, LTD.**



Mailing Address

18167 U.S. HIGHWAY 19 NORTH, SUITE 660  
CLEARWATER FL ~~34624~~

Principal Office Address

18167 U.S. HIGHWAY 19 NORTH, SUITE 660  
CLEARWATER FL ~~34624~~

3. Date Formed or Registered

12/14/1992

3a. Date of Last Report

01/02/1997

4. State or Country of Formation

FL

5a. Capital Contributions as  
Shown on record

\$297,000.00

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

\$297,000.00

2. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

33764

2a. Principal Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

33764

6. FEI Number

59-3169177

7. Certificate of Status Desired

☐ Applied For  
☐ Not Applicable

\$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

PARK RIDGE PROPERTY COMPANY  
18167 U.S. HIGHWAY 19 NORTH, SUITE 660  
CLEARWATER FL ~~34624~~

10. If changed, new Registered Agent/Office

Name

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

Suite, Apt. #, etc.

City

FL

Zip Code

33764

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)

PARK RIDGE PROPERTY COMPANY

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

18167 U.S. HIGHWAY 19 N #660

11b. City, State & Zip Code

33764  
CLEARWATER FL ~~34624~~

11c. Registration/  
Document Number

V35031

300002402179-3  
-01/15/98-01108-013  
\*\*\*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 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

*Earl F. Moore*

EARL F. MOORE, CONTROLLER DATE 12/1/97

Typed or Printed Name of General Partner Signing Form PARK RIDGE PROPERTY COMPANY

Daytime Telephone Number 813/530/5522

CP2E003 (6/97)