

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 Northam
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

96 SEP 13 AM 11:14

1. Name of Limited Partnership

1a. DOCUMENT #
A92000000276

FOSTER ASSOCIATES, LIMITED



Mailing Address
13124 WHITE VIOLET DR.
NAPLES FL-33909

Principal Office Address
13124 WHITE VIOLET DR.
NAPLES FL-33909

3. Date Formed or Registered
12/14/1992

5a. Capital Contributions as
Shown on record.
\$272.25

3a. Date of Last Report
10/09/1995

4. State or Country of Formation
FL

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

2. Mailing Address

2a. Principal Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip 34119 Country

Zip 34119 Country

6. FEI Number
65-0379011

☐ 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

KELLY, CHARLES M JR
KELLY, PRICE, SIKET & HEUERMAN
2640 GOLDEN GATE BLVD., STE. 315
NAPLES FL 33941-8117

10. If changed, new Registered Agent/Office

Name 700001150947
-09/19/96--01003--013
Street Address (P.O. Box Number is Not Acceptable) ***191.25 ***191.25
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

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

BULLARD, FOSTER L JR

13124 WHITE VIOLET DR

NAPLES FL-33909 34119

BULLARD, NANCY L

13124 WHITE VIOLET DR

NAPLES FL-33909 34119

OR
9-17

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

Foster L. Bullard Jr

Daytime Telephone Number

9/10/96
941-594-5033

CR2E003 (6/96)