

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

FILED

97 DEC -1 PM 2:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Name of Limited Partnership

1a. DOCUMENT #
A93000000360

EISENMANN TAMPA LIMITED PARTNERSHIP

98-AR
CM



Mailing Address

300 EAST LONG LAKE ROAD.
SUITE 365
BLOOMFIELD HILLS MI 48304

Principal Office Address

300 EAST LONG LAKE ROAD.
SUITE 365
BLOOMFIELD HILLS MI 48304

2. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

2a. Principal Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

3. Date Formed or Registered

04/09/1993

3a. Date of Last Report

02/05/1997

4. State or Country of Formation

FL

5a. Capital Contributions as
Shown on record.

\$4,406,710.00

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

\$4,406,710.00

6. FEI Number

38-3106437

☐ 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

MARQUARDT, EMIL C JR.
400 CLEVELAND STREET, SUITE 800
CLEARWATER FL 34615

10. If changed, new Registered Agent/Office

Name

Street Address (P.O. Box Number is NOT acceptable)

Suite, Apt. #, etc.

City

2000012367442-5

12/09/97-01104-024

****541.25 ****541.25

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

EISENMANN PROPERTIES, INC.

300 EAST LONG LAKE RO

BLOOMFIELD HILLS MI 4

F93000001784

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 By:

Aloys K. Schwarz, Vice President of
Eisenmann Properties, Inc./Gen. Partner

DATE 11-24-97

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number (248) 645-1444

CR2E003 (6/97)