

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 P. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 JUN 11 AM 9:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Name of Limited Partnership

1a. DOCUMENT #
A93000000376

CENTRAL FLORIDA INCOME APPRECIATION FUND, LTD.

98-AR 1005

Mailing Address

4621 PARK ROAD
ANN ARBOR MI 48103

Principal Office Address

4621 PARK ROAD
ANN ARBOR MI 48103

141-25-FF
8-75-CWS

3. Date Formed or Registered

04/15/1993

5a. Capital Contributions as
Shown on record

\$99.00

3a. Date of Last Report

02/10/1997

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

4. State or Country of Formation

FL

2. Mailing Address

5312 Spring Hill Dr
Suite, Apt. #, etc.

2a. Principal Office Address

Suite, Apt. #, etc.

City & State

Spring Hill, FL 34606

City & State

Zip

Country

USA

6. FEI Number

65-0437038

☐ 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

RYDELL, JEROME
13145 SPRING HILL DRIVE, SUITE G
SPRING HILL FL 34809

10. If changed, new Registered Agent/Office

Name

Rydell, Jerome

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

5312 Spring Hill Dr

Suite, Apt. #, etc.

City

Spring Hill

State

FL

Zip Code

34606

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 4-14-98

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)

SIGMA FINANCIAL CAPITAL, INC

REALTY CAPITAL, INC.

Sigma Financial
Capital VI, Inc.

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

4261 PARK ROAD

3250 MARY ST., SUITE

4261 Park Rd

11b. City, State & Zip Code

ANN ARBOR MI 48103

MIAMI FL 33131

Ann Arbor MI

48103

500002557815--9

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****202.50 ****150.00

11c. Registration/
Document Number

F940000003713

105156

399248

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 section 620, Florida Statutes.

SIGNATURE

DATE 4-14-98

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

CR2E003 (6/97)



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

May 29, 1998

CENTRAL FLORIDA INCOME APPRECIATION FUND, LTD.
5312 SPRING HILL DR
SPRING HILL, FL 34606

SUBJECT: CENTRAL FLORIDA INCOME APPRECIATION FUND, LTD.
Ref. Number: A93000000376

We have received your document for CENTRAL FLORIDA INCOME APPRECIATION FUND, LTD. and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The fee to file the enclosed annual report is \$141.25. If a certificate of status is desired, please add an additional \$8.75. The basic annual report filing fee is figured at the rate of \$7.00 per thousand on the actual capital contributions plus a supplemental fee of \$88.75 pursuant to S.607.193, Florida Statutes, effective 1/1/98. Therefore, the total amount due to file a limited partnership annual form on or after January 1, 1998, shall be no less than \$141.25 (\$52.50 + \$88.75) and no more than \$526.25 (\$437.50 + \$88.75).

Please return your document, along with a copy of this letter, within 30 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6051.

Diane Cushing
Corporate Specialist
Division of Corporations

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TALLAHASSEE, FLORIDA