

FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP  
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP  
ANNUAL REPORT  
1999



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

98 DEC 22 AM 8: 32

1. Name of Limited Partnership

1a. DOCUMENT #  
A93000000613

TAMPA FESTIVAL CENTRE LIMITED PARTNERSHIP



Mailing Address

C/O KONOVER & ASSOCIATES SOUTH, INC.  
7000 WEST PALMETTO PARK ROAD, SUITE 408  
BOCA RATON FL 33433

Principal Office Address

C/O KONOVER & ASSOCIATES SOUTH, INC.  
7000 WEST PALMETTO PARK ROAD, SUITE 408  
BOCA RATON FL 33433

3. Date Formed or Registered

06/10/1993

3a. Date of Last Report

01/09/1998

5a. Capital Contributions as  
Shown on record.

\$742,811.00

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

4. State or Country of Formation

FL

6. FEI Number

65-0415826

☐ 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

ASHENFELTOR, MARIA  
C/O KONOVER & ASSOCIATES SOUTH  
7000 WEST PALMETTO PARK ROAD, SUITE 408  
BOCA RATON FL 33433

10. If changed, new Registered Agent/Office

Name

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

600002735156--2

Suite, Apt. #, etc.

01/08/98 01095 015

City

\*\*\*\*526.25

\*\*\*\*526.25

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

KONOVER MOBILE, INC.

C/O 7000 W. PALMETTO

BOCA RATON FL 33433

L82258

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

12/15/98

Typed or Printed Name of General Partner Signing Form

SIMON KONOVER, PRES.  
KONOVER MOBILE, INC., G.P.

Daytime Telephone Number

561-394-4224

CR2E003 (8/98)