

FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP  
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

FILED

97 JAN -3 AM 11: 21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

LIMITED PARTNERSHIP  
ANNUAL REPORT  
1997



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

1. Name of Limited Partnership

1a. DOCUMENT #  
A93000000672

ERICKSEN/CONCORD PARTNERSHIP, LTD.

Mailing Address

6318 TRAIL BOULEVARD  
NAPLES FL 33963

34108

Principal Office Address

6318 TRAIL BOULEVARD  
NAPLES FL 33963

34108

3. Date Formed or Registered

06/25/1993

5a. Capital Contributions as  
Shown on record

\$1,010,000.00

3a. Date of Last Report

12/28/1995

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

\$1,010,000.00

2. Mailing Address

2a. Principal Office Address

Suite, Apt. #, etc.

6318 Trail Boulevard

Suite, Apt. #, etc.

6318 Trail Boulevard

City & State

Naples, FL

City & State

Naples, FL

Zip

34108

Country

USA

Zip

34108

Country

USA

4. State or Country of Formation

FL

6. FEI Number

65-0413327

☐ 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

ERICKSEN, GROVER G  
6318 TRAIL BOULEVARD  
NAPLES FL 33963

34108

10. If changed, new Registered Agent/Office

Name

Street Address (P.O. Box Number)

650002057746

Suite, Apt. #, etc.

01/14/97-01162-023

City

\*\*\*576.25 \*\*\*576.25

FL 34108

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)

ERICKSEN COMMUNITIES, INC.

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

6318 TRAIL BLVD.

11b. City, State & Zip Code

NAPLES FL 33963  
34108

11c. Registration/  
Document Number

K08738

LT  
1-10

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

*[Signature]*

DATE 12-24-96

Typed or Printed Name of General Partner Signing Form

ERICKSEN COMMUNITIES, INC. G.G. ERICKSEN - President 941-566-3355

Daytime Telephone Number

CR2E003 (6/96)