

**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 Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

96 SEP 24 PM 4: 14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Name of Limited Partnership

1a. DOCUMENT #
A93000001104

ATKINS COMMERCE CENTER, LTD.

97-AR
cds CM



200001960052

-09/30/96--01053--007

****585.00 ****585.00

Mailing Address

**ATKINS COMMERCE CENTER
3417 S.W. 42ND WAY
GAINESVILLE FL 32608**

Principal Office Address

**ATKINS COMMERCE CENTER
3417 S.W. 42ND WAY
GAINESVILLE FL 32608**

3. Date Formed or Registered

10/15/1993

5a. Capital Contributions as
Shown on record.

\$1,300,000.00

3a. Date of Last Report

03/08/1996

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

4. State or Country of Formation

FL

2. Mailing Address

2a. Principal Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. FLS Number

59-3207767

☐ 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

**ATKINS, ROBERT M
3417 S.W. 42ND WAY
GAINESVILLE FL 32608**

10. If changed, new Registered Agent/Office

Name

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

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)

ATKINS, ROBERT M

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

3417 S.W. 42ND WAY

11b. City, State & Zip Code

GAINESVILLE FL 32608

11c. Registration/
Document Number

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

Robert M. Atkins

DATE

9-20-96

Typed or Printed Name of General Partner Signing Form

ROBERT M. ATKINS

Daytime Telephone Number

352-378-1111

CR2E003 (6/96)