

**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
SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 DEC 30 PM 2:18

1. Name of Limited Partnership

1a. DOCUMENT #
A94000000835

BAILEY KEY LARGO LIMITED PARTNERSHIP



Mailing Address

% AMERICAN BAILEY CORP.
FINANCIAL CENTRE, 895 E. MAIN STREET
STAMFORD CT 06901

Principal Office Address

% CADWALADER, WICKERSHAM & TAFT
440 ROYAL PALM WAY
PALM BEACH FL 33480

3. Date Formed or Registered

06/22/1994

5a. Capital Contributions as Shown on record

\$539,000.00

3a. Date of Last Report

03/14/1996

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. FEI Number

06-1402335

☐ 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

BERTLES, JAMES ESO
CADWALADER, WICKERSHAM & TAFT
440 ROYAL PALM WAY
PALM BEACH FL 33480

10. If changed, new Registered Agent/Office

Name

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

Suite, Apt. #, etc.

City

300002049609--8
-01/08/97--01003--003
******576.25 ****576.25**
FL

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

BAILEY, DOUGLAS G

40 LYONS PLAINS ROAD

WESTPORT CT 06880

BAILEY, LISA A

38 SOUTHFIELD RD

FAIRFIELD CT 06430

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I 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 effect 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

Lisa A Bailey

DATE **12/28/96**

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number