## 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 B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partnership

CREONIX, LTD.

DOCUMENT # A94000000897

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

97 DEC 17 AMI1: 27

1/2/22



Malling Address	Principal Office Address		* . *	3. Date Formed or Registered	<b>5a.</b> Capital Contributions as Shown on record.
2159 63RD AVENUE EAST : BRADENTON FL 34203	2159 63RD AVENUE EAST BRADENTON FL 34203			<b>07/07/1994 38.</b> Date of Last Report	\$294,000.00
9. Mallion Address	28. Principal Office Address			<b>12/18/1996 4.</b> State or Country of Formation	5b. Amount of Capital Contributions in FLORIDA to date:
2. Mailing Address	Zu. Finicipal Office Address			FL	
Suite, Apt. #, etc.	Suite, Apt. #, etc.			6. FEI Number Applied For Not Applied ber	
City & State	City & State		-	7. Certificate of Status Desired	
Zip Country	Zip	Zip Country			\$8.75 Additional Fee Required  State (See reverse side for fee Information
9. Name and Address of Curre	nt Registered Agent	1		10. If changed, new Registere	d Agent/Office
COMMERCIAL REAL ESTATE SERVICES, INC. 1801 GLENGARRY ST., SUITE 202 SARASOTA FL 34231		Name			
		Street Address (P.O. Box Number Is Not Acceptable)			
		Suite, Apt. 4, etc.			
		City FL Zip Code			
SIGNATURE (Registered Agent Accepting Appointment)  A GENERAL PARTNER THAT  MUS	·				R BUSINESS ENTITY
11. Name(s) of Goneral Partner(s)	11a. Address of Each Gene (Do NOT Use Post Office E	rol Davisor	11b.	City, State & Zip Code	11c. Registration/ Document Number
CREONIX, INC.	2159 63RD AVENUE EAST		BRADENTON FL 34203		P94000015594
COMMERCIAL REAL ESTATE SERVI	ERVI 3150 SOUTH TAMIAMI TR		SARASOTA FL 34239		551061
•					380394 9 79701053022 41.25 ****541.25
Note: General partners MAY NO	T be changed on this for	m; an ame	endmen	it must be filed to cha	ange a general partner.
12. I do hereby certify that the information supplied with			<b></b>		

this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. Hurther 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 Baslace M. Trustandic CREONIX, INC. DATE 12/9
Typed or Printed Name of General Parliner Signing Form BARBARA M. FORESTANDI Daytimo Telephone Number (941)