

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 11 PM 2:12

1. Name of Limited Partnership

1a. DOCUMENT #  
**A94000001046**

**EWING/SYNAGEN PARTNERS, LTD.**



Mailing Address

1030 NORTH ORANGE AVENUE, SUITE 300  
ORLANDO FL 32801

Principal Office Address

1030 NORTH ORANGE AVENUE, SUITE 300  
ORLANDO FL 32801

3. Date Formed or Registered

07/28/1994

5a. Capital Contributions as  
Shown on record

\$5,000.00

3a. Date of Last Report

12/20/1995

5b. Amount of Capital  
Contributions in FLORIDA  
to date

\$2,000.00

4. State or Country of Formation

FL

6. FEI Number

59-3255625

☐ 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

HARRIS, CHARLES E  
1030 NORTH ORANGE AVENUE, SUITE 300  
ORLANDO FL 32801

10. If changed, new Registered Agent/Office

Name

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

Suite, Apt. #, etc.

City

800002030318-8

-12/17/96--01047--018

\*\*\*\*191.25 FL \*\*\*\*191.25

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

SYNAGEN CAPITAL PARTNERS, IN  
BISHOP, BENJAMIN C JR.  
HARRIS, CHARLES E  
HEGGESTAD, ARNOLD A DR.  
JOHNSON, HJALMA E

1030 NORTH ORANGE AVE  
50 NORTH LAURA STREET  
1030 NORTH ORANGE AVE  
2230 N.W. 24TH AVENUE  
13825 U.S. HIGHWAY 98

ORLANDO FL 32801  
JACKSONVILLE FL 32202  
ORLANDO FL 32801  
GAINESVILLE FL 32605  
DADE CITY FL 33525

K89179

**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

12-6-96

Typed or Printed Name of General Partner Signing Form

Charles E. Harris

Daytime Telephone Number

407-422-1958

CR2E003 (6/96)