

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 26 PM 4:19

1. Name of Limited Partnership

1a. DOCUMENT #  
A94000001277

JACOBSON GROUP-LIDO BEACH, LIMITED PARTNERSHIP



Mailing Address

C/O THE JACOBSON GROUP LIMITED PARTNERSHIP  
1223 APPLETON ROAD  
MENASHA WI 54952

Principal Office Address

C/O THE JACOBSON GROUP LIMITED PARTNERSHIP  
1223 APPLETON ROAD  
MENASHA WI 54952

3. Date Formed or Registered

09/20/1994

5a. Capital Contributions as  
Shown on record.

\$43,000.00

3a. Date of Last Report

01/03/1996

S.A. Filed 12-26-96

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

\$412,010

2. Mailing Address

2a. Principal Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. State or Country of Formation

FL

6. FEI Number

65-0550352

☐ 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

JACOBSON, GORDON  
5750 MIDNIGHT PASS ROAD, SUITE 402E  
SARASOTA FL 34242

10. If changed, new Registered Agent/Office

Name  
JACOBSON, MARJORIE

Street Address (P.O. Box Number is Not Acceptable)  
5750 MIDNIGHT PASS ROAD, SUITE 402E

Suite, Apt. #, etc.

City

SARASOTA, FL

FL

Zip Code

34242

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)

Marjorie Jacobson

DATE

12-19-96

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

JACOBSON GROUP-LIDO BEACH, I

1223 APPLETON ROAD

MENASHA WI 54952

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-01/03/97--01039--018

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

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

Marjorie Jacobson

DATE

12-11-96

CR2E003 (6/96)