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SECRETARY OF STATE P.01
DIVISION OF CORPORATIONS

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LIMITED PARTNERSHIP ANNUAL REPORT 1997

FLORIDA DEPARTMENT OF STATE
Sandra Mortham
Secretary of State
DIVISION OF CORPORATIONS

1. Name of Limited Partnership

GLADES PARTNERSHIP, LTD.

1a. DOCUMENT # A94000001326

Mailing Address	Principal Office Address
% JOHN CORBETT 319 CLEMATIS STREET, SUITE 409 WEST PALM BEACH FL 33401	% JOHN CORBETT 319 CLEMATIS STREET, SUITE 409 WEST PALM BEACH FL 33401

3. Date Formed or Registered: 09/27/1994

3a. Date of Last Report: 12/07/1995

4. State or Country of Formation: FL

5a. Capital Contributions as Shown on Record: $2,000.00

5b. Amount of Capital Contributions in FLORIDA in $US:

2. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

2a. Principal Office Address
Suite, Apt. #, etc.
City & State
Zip Country

6. FEI Number: 59-3522808 ☐ 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

CORBETT, JOHN
319 CLEMATIS STREET, SUITE 409
WEST PALM BEACH FL 33401

10. If changed, new Registered Agent/Office

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, etc.
City FL Zip Code

300002129553--7
-047017--01025--008
****191.25 ****191.25

10a. Pursuant to the provisions of sections 620.1051 and 620.1st, 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 (a/the) general partner(s). I hereby accept the appointment of registered agent I am familiar with, and accept the obligations of section 620.1st, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) DATE 12/31/96

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 P.O. Box Numbers)	11b. City State & Zip Code	11c. Registration/Document Number
HOUSING PARTNERSHIP	319 CLEMATIS STREET,	WEST PALM BEACH FL 33	N13117

dec 191.25

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

12. I/We 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)(i), Florida Statutes. I knowingly release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) 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 complete 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 DATE 12/31/96

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number