

FILE ON OR BEFORE DECEMBER 31, 1999 OR LIMITED PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1999
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Division of Corporations

A94000001513

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 JUN 30 PM 3:14

1. Name of Limited Partnership

TSG ASSOCIATES, LTD.

1a. DOCUMENT #

A94000001513

Mailing Address

1400 W. Fairbanks Ave.,
Suite 102
Winter Park, FL 32789

Principal Office Address

c/o CHASTANG, FERRELL, ET AL
1400 W. Fairbanks Ave.,
Suite 102
Winter Park, FL 32789

3. Date Formed or Registered

11/10/94

5a. Capital Contributions as
Shown on record

\$331,675.00

3a. Date of Last Report

4/22/98

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

\$1,000.00

2. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

2a. Principal Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. State or Country of Formation

Florida

6. FEI Number

59-3278247

☐ 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

Raymond, Joseph Jr.
1400 W. Fairbanks Avenue, Suite 102
Winter Park, FL 32789

10. If changed, new Registered Agent/Office

Name

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

Suite, Apt. #, etc.

City

FL

Zip Code

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)

GULF COAST CORPORATE
VENTURES, INC.

11a. Address of Each General Partner
(Do NOT Use Post Office Box Numbers)

1400 W. Fairbanks Ave.
Suite 102

11b. City, State & Zip Code

Winter Park, FL
32789

11c. Registration/
Document Number

J78297

ADM 500
AK 52.50
AR 68.75
CART 8.75

REINSTATEMENT

1999

(BK) (CUS)

200002920002--7
-06/30/99--01054--013
*****693.75 *****641.25

200002920002--7
-06/30/99--01054--014
*****8.75 *****8.75

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.

GULF COAST CORPORATE VENTURES, INC.

SIGNATURE By:

John A. Riley, President

DATE

6/9/99

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number (407) 678-6300