

**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 Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED

96 DEC -2 PM 4: 53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Handwritten initials

1. Name of Limited Partnership

1a. DOCUMENT #
A94000001591

SAN TOMAS LIMITED PARTNERSHIP



Mailing Address
**700 FREELING AVENUE
SARASOTA FL 34242**

Principal Office Address
**700 FREELING AVENUE
SARASOTA FL 34242**

3. Date Formed or Registered
11/21/1994

5a. Capital Contributions as
Shown on record.
\$1,800,000.00

3a. Date of Last Report
01/17/1996

5b. Amount of Capital
Contributions in FLORIDA
to date:
\$0.00

4. State or Country of Formation
FL

6. FEI Number
65-0527348

☐ 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)

2. Mailing Address

2a. Principal Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

**SCIARRETTA & SCHNER, P.A.
2300 GLADES ROAD
SUITE 302 EAST
BOCA RATON FL 33431**

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)

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

11b. City, State & Zip Code

11c. Registration/
Document Number

**RINEHART, W. THOMAS
RINEHART, SANDRA S**

**700 FREELING AVE
700 FREELING AVE**

**SARASOTA FL 34242
SARASOTA FL 34242**

**000002025140--1
-12/10/96--01149--004
****191.25 ****191.25**

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

W. Thomas Rinehart

DATE

11-29-96

Typed or Printed Name of General Partner Signing Form

W. THOMAS RINEHART

Daytime Telephone Number

(941) 349-1812