

FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT
TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1998



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

FILED
97 DEC 31 PM 12:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Name of Limited Partnership

1a. DOCUMENT #
A94000001812

NEW PINELLAS NORTHSIDE GENERAL PARTNER, LTD.
gk-AR
ACM

Mailing Address

7243 BRYAN DAIRY ROAD
LARGO FL 34647

Principal Office Address

15950 BAY VISTA DRIVE, SUITE 250
CLEARWATER FL 34620

3. Date Formed or Registered

12/23/1994

3a. Date of Last Report

02/12/1997

4. State or Country of Formation

FL

5a. Capital Contributions as
Shown on record.

\$79,794.00

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

2. Mailing Address

Hill, Ward & Henderson

2a. Principal Office Address

101 E. Kennedy Blvd

Suite, Apt. #, etc.

PO Box 2231

Suite, Apt. #, etc.

Suite 3700

City & State

Tampa, FL

City & State

Tampa, FL

Zip

33601-2231

Country

USA

Zip

33602

Country

USA

6. FEI Number

65-0544412

☐ 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

GARCIA, MARTIN L ESQ.
101 E. KENNEDY BLVD., SUITE 3700
TAMPA FL 33602

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)

NEW PINELLAS NORTHSIDE, INC.

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

15950 BAY VISTA DRIVE

11b. City, State & Zip Code

CLEARWATER FL 34620

11c. Registration
Document Number

P94000090751

2000002401462-1
-01/15/98-01048-005
****541.25 ****541.25

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 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

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

CR25003 (6/97)