

FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP  
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP  
ANNUAL REPORT  
1999



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

98 SEP 14 PM 3:08

1. Name of Limited Partnership

1a. DOCUMENT #  
A95000000230

DECADE GULFCOAST APARTMENTS LIMITED PARTNERSHIP

Mailing Address

250 PATRICK BOULEVARD, SUITE 140  
BROOKFIELD WI 53045-5864

Principal Office Address

240 BAYSIDE DRIVE  
CLEARWATER BEACH FL 34630

3. Date Formed or Registered

02/16/1995

5a. Capital Contributions as  
Shown on record.

\$7,500.00

3a. Date of Last Report

09/22/1997

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

7,500

4. State or Country of Formation

FL

6. FEI Number

58-2158704

☐ 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

FLORIDA - LAWDOCK, INC.  
222 LAKEVIEW AVENUE, 4TH FLOOR  
WEST PALM BEACH FL 33402-3188

10. If changed, new Registered Agent/Office

Name

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

Suite, Apt. #, etc.

City

700002640837--0

09/16/98--01045--009

\*\*\*\*141.25 \*\*\*\*141.25

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)

J K INVESTMENTS OF CLEARWATE

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

240 BAYSIDE DRIVE

11b. City, State & Zip Code

CLEARWATER BEACH FL 3

11c. Registration/  
Document Number

H34627

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.

JK Investments of Clearwater

SIGNATURE By:   
Michael Sweet, Secretary of JK Investments of Clearwater

DATE 9/4/98

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number 414-792-9200

CR2E003 (8/98)