

**FILE ON OR BEFORE APRIL 8, 1998 TO AVOID
REVOCATION AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP
ANNUAL REPORT
1998



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

98 MAR 16 AM 10:14

1. Name of Limited Partnership

1a. DOCUMENT #
A95000000301

DB DEVELOPMENT ASSOCIATES, LTD.



Mailing Address

Principal Office Address

~~TWO NORTH TAMiami TRAIL SUITE 600~~
~~SARASOTA FL 34236~~

~~TWO NORTH TAMiami TRAIL SUITE 600~~
~~SARASOTA FL 34236~~

3. Date Formed or Registered

03/01/1995

5a. Capital Contributions as Shown on record.

\$4,000.00

3a. Date of Last Report

02/06/1997

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

4. State or Country of Formation

FL

2. Mailing Address

1280 Dolphin Bay Way #201

2a. Principal Office Address

1280 Dolphin Bay Way

Suite, Apt. #, etc.

Unit 201

Suite, Apt. #, etc.

Unit 201

City & State

Sarasota, FL

City & State

Sarasota, FL

Zip

34242 Country **USA**

Zip

34242 Country **USA**

6. FEI Number

65-0584198

☐ 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

OLSON, PAUL E
1776 RINGLING BLVD.
SARASOTA FL 34236

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)

DB-DA ASSOCIATES, INC.

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

TWO NORTH TAMiami TRA

11b. City, State & Zip Code

SARASOTA FL 34236

11c. Registration/Document Number

P95000014239

700002462707--0
-03/19/98--01114--017
******141.25 ****141.25**

3-17

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

Robert A. Morris

DATE

Feb. 13, 1998

Typed or Printed Name of General Partner Signing Form

Robert A. Morris

Daytime Telephone Number

941-346-9118

CR2E003 (12/97)