

**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 Mortham
Secretary of State
DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

96 OCT -1 PM 1:56

1. Name of Limited Partnership

**1a. DOCUMENT #
A95000000338**

PARADISE INN, LTD.



**Mailing Address
819 SIMONTON STREET
KEY WEST FL 33040**

**Principal Office Address
819 SIMONTON STREET
KEY WEST FL 33040**

**3. Date Formed or Registered
03/07/1995**

**5a. Capital Contributions as
Shown on record
\$1,300,000.00**

**3a. Date of Last Report
12/26/1995**

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

2. Mailing Address

2a. Principal Office Address

**4. State or Country of Formation
FL**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**6. FEI Number
65-0572768**

☐ Applied For
☐ Not Applicable

City & State

City & State

7. Certificate of Status Desired

☒ **\$8.75 Additional
Fee Required**

Zip Country

Zip Country

8. Make check payable to: Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent

**PENTZ, GEORGE
819 SIMONTON STREET
KEY WEST FL 33040**

10. If changed, new Registered Agent/Office

Name
SHELDON SEGEL
Street Address (P.O. Box Number is Not Acceptable)
819 SIMONTON STREET
Suite, Apt. #, etc.
City
KEY WEST
FL 33040

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 **9-18-96**

**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**

SEPENT, INC.

819 SIMONTON STREET

KEY WEST FL 33040

P93000074893

Handwritten signature and date 10-4

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

DATE **9-18-96**

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

CR2E003 (6/96)