

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

97 DEC 10 AM 11:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED PARTNERSHIP
ANNUAL REPORT
1998



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

1. Name of Limited Partnership

1a. DOCUMENT #
A95000000465

DUNBAR ANDERSON LIMITED



SL 12/11

Mailing Address

5726 CORTEZ ROAD WEST, #347
BRADENTON FL 34210

Principal Office Address

870 UN PLAZA
APT. 16D
NEW YORK NY 10017

3. Date Formed or Registered

03/21/1995

3a. Date of Last Report

09/30/1996

4. State or Country of Formation

FL

5a. Capital Contributions as
Shown on record.

\$100.00

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

2. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

2a. Principal Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. FEI Number

65-0555795

☐ 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

SCHULTZ, ROBERT ESQ
1101 NINTH AVENUE WEST
BRADENTON FL 34205

10. If changed, now Registered Agent/Office

Name

Barbara D Todd

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

533 Indian Harbor Road

Suite, Apt. #, etc.

City

Vero Beach

FL

Zip Code

32963

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)

Barbara Todd

DATE

11/26/97

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)

MCLEAN, ROBERT
GREER, BARBARA

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

870 UN PLAZA APT. 16D
5726 CORTEZ ROAD WEST

11b. City, State & Zip Code

NEW YORK NY 10017
BRADENTON FL 34210

11c. Registration/
Document Number

100002370971 -- 9
-12/12/97--01086--023
****165.00 ****165.00

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

Barbara Greer Todd

DATE

11/26/97

Typed or Printed Name of General Partner Signing Form

Barbara Greer Todd

Daytime Telephone Number

(212) 688-7094

CR2E003 (6/97)