

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

6 1.55 - 1/6/98

LIMITED PARTNERSHIP
ANNUAL REPORT
1999



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

STATE OF FLORIDA
DIVISION OF CORPORATIONS

98 JAN 11 AM 8:08



1. Name of Limited Partnership

1a. DOCUMENT #
A95000000563

PINEAPPLE AVENUE ASSOCIATES, LTD.

Mailing Address

1290 NORTH PALM AVENUE
SARASOTA FL 34236

Principal Office Address

1290 NORTH PALM AVENUE
SARASOTA FL 34236

3. Date Form for Registered

04/07/1995

3a. Date of Last Report

11/10/1997

4. State or Country of Formation

FL

6. FE Number

65-0580465

7. Certificate of Status Desired

5a. Capital Contributions as
Shown on record

\$19,600.00

5b. Amount of Capital
Contributions in FE (FECA
to date

\$19,600.00

☐ Applied For
☐ Not Applicable

☐ \$8.75 Additional
Fee Required

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

2. Mailing Address
P. O. Box 49948

Suite, Apt. #, etc.

City & State

Sarasota FL 34230-6948
Zip 34230-6948 Country USA

2a. Principal Office Address
240 S. Pineapple Avenue

Suite, Apt. #, etc.

10th Floor

City & State

Sarasota FL 34236
Zip 34236 Country USA

9. Name and Address of Current Registered Agent

KAUFMAN, MARK S
455 LONGBOAT KEY ROAD, #PH-4
LONGBOAT KEY FL 34228

10. If changed, new Registered Agent/Office

Name
BAND, David S.
Street Address (P.O. Box Number is Not Acceptable)
240 S. Pineapple Avenue
Suite, Apt. #, etc.
10th Floor
City
Sarasota

FL Zip Code
34236

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above named limited partnership organized for 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)

David S. Band
Registered Agent 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)

PINEAPPLE AVENUE ASSOCIATES,

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

455 LONGBOAT KEY ROAD
240 S. Pineapple Ave
10th Floor

11b. City, State & Zip Code

LONGBOAT KEY FL 34228
Sarasota FL 34236

11c. Registration/
Document Number

P95000027816

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

David S. Band as Director of Pineapple Avenue Associates, Inc. and as
Typed or Printed Name of General Partner Signing Form corporation, general partner

DATE

Daytime Telephone Number

12/29/98

941/364-6660

CR2E003 (8/98)