

WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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FILED

98 DEC 29 PM 4:30

SECRETARY OF STATE



1. Name of Limited Partnership DUNNELLO PLAZA LIMITED PARTNERSHIP	1a. DOCUMENT # A95000000732
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Mailing Address 3889 SHERIDAN ST. BOX 322 HOLLYWOOD FL 33021	Principal Office Address C/O EDWARD J. SCHACK 1320 S. DIXIE HIGHWAY, SUITE 1180 CORAL GABLES FL 33148
2. Mailing Address P.O. Box 2495	2a. Principal Office Address
State, Apt. #, etc.	State, Apt. #, etc.
City & State Ocala, FL	City & State
Zip 34478	Country USA

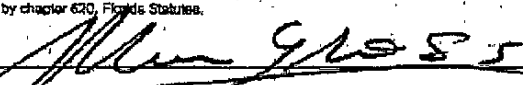
3. Date Formed or Registered 05/08/1995	5a. Capital Contributions as Shown on record \$402,000.00
3a. Date of Last Report 11/06/1997	5b. Amount of Capital Contributions in FLORIDA to date
4. State or Country of Formation FL	
6. FEI Number 65-0582921	☐ Applied For ☒ Not Applicable
7. Certificate of Status 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 SCHACK, EDWARD J 1320 S. DIXIE HIGHWAY, SUITE 1180 CORAL GABLES FL 33148	10. If changed, New Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) State, 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) DUNNELLO PLAZA MANAGEMENT	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) U.S. HIGHWAY 41 & S.W.	11b. City, State & Zip Code DUNNELLO FL	11c. Registration Document Number P95000036677
5000002745035 -01/15/99--01127--013 ****526/25 ****526/25 T.J.C. JAN 14 1999			

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, 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 December 18, 1998
Typed or Printed Name of General Partner Signing Form	Daytime Telephone Number