

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

LIMITED PARTNERSHIP
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
98 MAR -9 AM 10:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

A95000001138

1. Name of Limited Partnership

TIDES VILLAGE LTD.

1a. DOCUMENT #

A95000001138

98-AR
CM

Mailing Address

P.O. Box 159
TARPON SPRING FL
34689-0159

Principal Office Address

2. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

2a. Principal Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

3. Date Formed or Registered

07/26/1995

3a. Date of Last Report

12/31/96

4. State or Country of Formation

FL

6. FEI Number

59-3341818

7. Certificate of Status Desired

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

5a. Capital Contributions as
Shown on record

\$1,000.00

5b. Amount of Capital
Contributions in FLORIDA
to date

\$2,500.00

☐ Applied For
☒ Not Applicable

\$8.75 Additional
Fee Required

9. Name and Address of Current Registered Agent

ZAVODNY, R. John

10. If changed, new Registered Agent/Office

Name

FF \$841.25

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

3415 W. Cypress St.

Suite, Apt. #, etc.

City

TAMPA

FL

Zip Code

33607

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

12/30/97

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)

J2 MORGAN Capital, Inc

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

3415 W. Cypress St.

11b. City, State & Zip Code

TAMPA FL
33607

11c. Registration/
Document Number

P94000088226

600002453096--C
-03/10/98--01101--002
****541.25 ****541.25

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 effect 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

12/30/97

Typed or Printed Name of General Partner Signing Form

R. John Zavodny

Daytime Telephone Number

813-348-4846

CR2E003 (6/97)