

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

**LIMITED PARTNERSHIP
ANNUAL REPORT
1999**



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

SEC. 19
DIVISION
99 JAN 27 AM 11:19

1. Name of Limited Partnership

1a. DOCUMENT #
A95000001466

PELICAN POINTE WEST ASSOCIATES, LTD.

Mailing Address

% DOMENICK R. LIOCE
1645 PALM BEACH LAKES BLVD. #1200
WEST PALM BEACH FL 33401

Principal Office Address

% DOMENICK R. LIOCE
1645 PALM BEACH LAKES BLVD. #1200
WEST PALM BEACH FL 33401

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

09/28/1995

3a. Date of Last Report

03/23/1998

4. State or Country of Formation

FL

6. FEI Number

65-0609802

7. Certificate of Status Desired

5a. Capital Contributions as
Shown on record

\$100,000.00

5b. Amount of Capital
Contributions in FL (FLRDA
to date)

\$100,000.00

☐ Applied For
☐ Not Applicable

☐ \$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

LIOCE, DOMENICK R
1645 PALM BEACH LAKES BLVD., STE. 1200
WEST PALM BEACH FL 33401

Name

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

Suite, Apt. #, etc.

City

FL Zip Code

10. If changed, new Registered Agent/Office

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)

PELICAN WEST, INC.

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

1645 PALM BEACH LAKES

11b. City, State & Zip Code

WEST PALM BEACH FL 33

11c. Registration
Document Number

P95000074979

2000012767062-7
-02/03/99-01020-011
****526.25 ****526.25

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 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

Domenick R. Lioce, President

Typed or Printed Name of General Partner Signing Form

DATE

1/25/99

Daytime Telephone Number

CR2E003 (8/98)