

FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1997



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

FILED
97 JAN -3 AM 8:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Name of Limited Partnership

1a. DOCUMENT #
A95000001709

LATELL PEPPERTREE APARTMENTS, LTD.

Mailing Address

**954 CLARELLEN
FT. MYERS FL 33919**

Principal Office Address

**954 CLARELLEN
FT. MYERS FL 33919**

2. Mailing Address

**3027 Broadway 11
Suite, Apt. #, etc. Apt 32
City & State Fort Myers FL
Zip 33901 Country USA**

2a. Principal Office Address

**3027 Broadway
Suite, Apt. #, etc. Apt 32
City & State Fort Myers FL
Zip 33901 Country USA**

3. Date Formed or Registered

11/09/1995

3a. Date of Last Report

05/22/1996

4. State or Country of Formation

FL

5a. Capital Contributions as
Shown on record.

\$1,421,887.50

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

6. FEI Number
65-0617928

☐ 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

**LATELL, FRANK A
PEPPERTREE APTS. MANAGER,
3207 BROADWAY, #77
FT. MYERS FL 33901**

10. If changed, new Registered Agent/Office

Name

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

**3027 Broadway
Suite, Apt. #, etc. Apt 32**

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)

**LATELL, FRANK A
PEPPERTREE APARTMENTS OF LEE**

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

**PEPPERTREE APTS MANAG
PEPPERTREE APTS MANAG**

11b. City, State & Zip Code

**FT. MYERS FL 33901
FT. MYERS FL 33901**

11c. Registration/
Document Number

P95000082073

**400002059104--2
-01/15/97--01061--026
****576.25 ****576.25**

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 ✓

DATE

12-30-96

Typed or Printed Name of General Partner Signing Form

FRANK A. LATELL

Division Telephone Number

CP2E003 (6/96)