## HILL C N 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

1. Name of Limited Partnership

1a. DOCUMENT # A9600000564

SECRETARY OF STATE
DIVISION OF CORPORATIONS

98 DEC -7 PM 1:42

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DOSS/GORMAN I	FAMILY LIMITE	D PARTNERSHIP					
Mailing Address		Principal Office Address		3. Date Formed or Regi	stered 5a.	5a. Capital Contributions as Shown on record.	
21 TIDY ISLAND BLVD.		21 TIDY ISLAND BLVD.		03/22/1996			
BRADENTON FL 34210		BRADENTON FL 34210		3a. Date of Last Report	: '	\$1,378	857.50
				12/19/1997	5b.	Amount of	Capital ons in FLORIDA
2. Mailing Address		2a. Principal Office Address		4. State or Country of Fo	ermation	to date:	III III FLORIDA
				FL	#	\$ 1,378,857.50	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		6. FEI Number	<u></u>	Applied For	
City & State		City & State		65-0648645		Not Applicable	
Zip Country		Zip Country		7. Certificate of Status D	esired [	\$8.75 Additional Fee Required	
шр 🔾	odinay	-ip	Country	8. Make check payable to	o: Dept. of State (Se		
9_ Nam	e and Address of Current Re	pletered Agent	1	10 // abarred	Designation of the same	.e	
9. Name and Address of Current Registered Agent  Name				10. If changed, new Registered Agent/Office			
SHELDRICK, MERCIA M			Street Address (P.O. Box Number Is Not Acceptable)				
21 TIDY ISLAND BLVD.		Suite, Apt. #, etc.		to			
BRADENTON FL 34210	ļ						
			City		<b>F</b>		Code
for the purpose of chang	ing its registered office or regis	0.192, Florida Statutes, the above-named tered agent, or both, in the State of Florid section 620.192, Florida Statutes.	f limited partnersf la. Such change v	ip organized or registered under the vas authorized by its general partner	laws of the State of (s). I hereby accept t	Florida, su he appoint	bmits this statement ment of registered
SIGNATURE (Registered Agent A					DATE		
A GENERAL PA		A CORPORATION, L BE REGISTERED AND				ISINE	SS ENTITY
11. Name(s) of General P	artner(s)	11a. Address of Each General (Do NOT Use Post Office Box		11b. City, State & Zip Code	11	C. Do	Registration/ ocument Number
SHELDRICK, MERCIA M				BRADENTON FL 34210			
				7000  *	102711 12/11/98- ****528.2	094 -0110 5 **	72 6004 **526.25
₹							
<b>1</b>							
Note: General pari	ners MAY NOT h	e changed on this form	an amen	dment must be filed	to change :	a deno	ral narfner

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.

Typed or Printed Name of General Partner Signing Form