

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

FILED

97 JAN -7 AM 8:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**LIMITED PARTNERSHIP
ANNUAL REPORT
1997**



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

1. Name of Limited Partnership

1a. DOCUMENT #
A96000000762

HERITAGE METROWEST LIMITED PARTNERSHIP

Mailing Address

**900 WINDERLEY PLACE, SUITE 222
MAITLAND FL 32751-7231**

Principal Office Address

**900 WINDERLEY PLACE, SUITE 222
MAITLAND FL 32751-7231**

2. Mailing Address

**1353 PALMETTO AVE
SUITE 125
WINTER PARK, FL
32789 USA**

2a. Principal Office Address

**1353 PALMETTO AVE
SUITE 125
WINTER PARK, FL
32789 USA**

3. Date Formed or Registered

04/23/1996

5a. Capital Contributions as Shown on record

\$1,000.00

3a. Date of Last Report

N/A

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

\$1,000.00

4. State or Country of Formation

FL

6. FEI Number

59-3372617

☐ 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

**FINDURA, MARK
900 WINDERLEY PLACE, SUITE 222
MAITLAND FL 32751-7231**

10. If changed, new Registered Agent/Office

Name **BRUCE FAIRTY**
Street Address (P.O. Box Number is Not Acceptable)
1353 PALMETTO AVE
Suite, Apt. #, etc. **SUITE 125**
City **WINTER PARK** FL Zip Code **32789**

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)

Bruce Fairty

DATE **12/29/96**

**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)

ACP - HERITAGE I, INC.

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

900 WINDERLEY PLACE,

11b. City, State & Zip Code

MAITLAND FL 32751

11c. Registration/Document Number

P96000023222

**400002060694--9
-01/16/97--01088--001
****191.25 ****191.25**

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

Bruce Fairty

DATE **12/29/96**

Typed or Printed Name of General Partner Signing Form

BRUCE FAIRTY, PRES.

Daytime Telephone Number

407-875-0025