

**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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

98 DEC 22 PM 4: 06

1. Name of Limited Partnership

1a. **DOCUMENT #
A96000000970**

WEST TAMPA PARTNERS, LTD.



Mailing Address

Principal Office Address

12995 S. CLEVELAND AVE., SUITE 214
FORT MYERS FL 33907

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FORT MYERS FL 33907

3. Date Formed or Registered

05/28/1996

5a. Capital Contributions as
Shown on record.

\$1,500,000.00

3a. Date of Last Report

12/15/1997

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

\$ 370,000.

4. State or Country of Formation

FL

6. FEI Number

65-0682161

☐ 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

**HAFELE, DALE G
12995 S. CLEVELAND AVE., SUITE 214
FORT MYERS FL 33907**

10. If changed, new Registered Agent/Office

Name

Sprehn, Susan M.

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

12995 S. Cleveland Avenue

Suite, Apt. #, etc.

214

City

Fort Myers

FL

Zip Code

33907

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)

[Signature]

DATE **12/16/98**

**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)

WEST TAMPA, INC.

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

12995 S. CLEVELAND AV

11b. City, State & Zip Code

FORT MYERS FL 33907

11c. Registration/
Document Number

P96000044972

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-01/08/99--01091--008
****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

[Signature] **TREASURER OF WEST TAMPA, INC., THE DATE 12/16/98**
SOLE GENERAL PARTNER

Typed or Printed Name of General Partner Signing Form

SUSAN M SPREHN

Daytime Telephone Number

941-278-1121

CR2E003 (8/98)