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

LIMITED PARTNERSHIP ANNUAL REPORT 1997

SER SUMMERWIND, LTD.



FLORIDA DEPARTMENT OF STATE

Sandra Mortham

Secretary of State
DIVISION OF CORPORATIONS

1. Name of Limited Partnership

SIGNATURE

Typed of Printed Name of General Partner Signing Form

1a. DOCUMENT # A96000000988 FILED
SECRETARY DF STATE
DIVISION OF CORPORATIONS

97 JAN 16 PM 3:51



Mailing Andreas **AFFRINITIVE MANAGEMENT. INC. **SEX TG LEE BLVD. SUITE 6X0 ORLANDO FL 32822 **DRIAND FL 32822 **AFFRINITIVE MANAGEMENT. INC. **SEX TG LEE BLVD. SUITE 6X0 ORLANDO FL 32822 **AFFRINITIVE MANAGEMENT. INC. **SEX TG LEE BLVD. SUITE 6X0 ORLANDO FL 32822 **AFFRINITIVE MANAGEMENT. INC. **SEX TG LEE BLVD. SUITE 6X0 ORLANDO FL 32822 **AFFRINITIVE MANAGEMENT. INC. Suite. April **, etc. City & State To Country Zip Zip Zip Zip Zip Zip Zip Zi					
2. Mailing Address 2. Mailing Address 2. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State of Profit on Interface of State of Profit on Interface	% AFFIRMATIVE MANAGEMENT, INC. 5850 T.G. LEE BLVD., SUITE 650	% AFFIRMATIVE MANAGEMENT 5850 T.G. LEE BLVD., SUITE 6	% AFFIRMATIVE MANAGEMENT, INC. 5850 T.G. LEE BLVD., SUITE 650		Shown on record.
28. Principal Office Address Suite. Apt. #, etc. Suite. Apt. #, etc. City & State Zip Country Zip Country Zip Country To Country T	UNLARGO TE SECRE	OREMIDO PL 32022			5b. Amount of Capital Contributions in ELORIDA
City & State City & State City & State Country Country Zip Name and Address of Current Registered Agent Ciffice Name N	2. Mailing Address	2a. Principal Office Address	2a. Principal Office Address		to date:
T. Conflictate of Status Desired \$8.75 Additional Fee Required \$9.75 Additional Fee Requ	Suite, Apt. #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		
Zip Country Zip Country 8, Make check payable to Dept. of State (See reverse side for fee Information 9, Name and Address of Current Registered Agent 10, if changed, new Registered Agent Office 10, if changed in Registered In Registered Agent Office 10, if changed In Registered In Regi	City & State	City & State	City & State		
JUBELT, PAUL C % AFFIRMATIVE MANAGEMENT, INC. \$5850 T.G. LEE BLVD., SUITE 650 ORLANDO FL 32822 Total 10a. Pursuant to the provisions of sections 620 1021 and 620 192. Florids Statutes, the above-named limited partnership organized or registered under the laws of the State of Florids. submits this statement for the purpose of changing its registered director or registered under the laws of the State of Florids. Such change was authorized by its general partner(s) I hereby accept the appointment of registered agent. I am formative with, and accept the obligations of section 620192. Forida Statutes. SIGNATURE (Registered Agent Accepting Appointment) 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) 11a. (on-NS010se of Each General Partners) 11b. City, State & Zip Code 11c. Peoptration NEW YORK NY 10012 F96000002485 Note: General partners MAY NOT be changed on this form; an amendment must be filled to change a general partner. 12. I do hereby certly that the information supplied with his fang's voluntary furnished and oce indicative for the exemption stated in Section 119.07(3)(k), Fiorida Statemen*** Privates for the exemption stated in Section 119.07(3)(k), Fiorida Statemen*** Privates for the exemption stated in Section 119.07(3)(k), Fiorida Statemen*** Privates for the exemption stated in Section 119.07(3)(k), Fiorida Statemen*** Privates for the exemption stated in Section 119.07(3)(k), Fiorida Statemen*** Privates for the exemption stated in Section 119.07(3)(k), Fiorida Statemen*** Privates for the exemption stated in Section 119.07(3)(k), Fiorida Statemen*** Privates for the exemption stated in Section 119.07(3)(k), Fiorida Statemen*** Privates for the exemption stated in Section 119.07(3)(k), Fiorida Statemen***	Zip Country	Zip	Zip Country		Fee Required
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Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. 4, etc. Cty FL Zip Code The State of Florida. Submits this statement for the purpose of changing its 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, and accept the obligations of section PATT 92. Florida Statutes. SIGNATURE (Registered Agent Accepting Appointment) 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) 11a. (Inc.) ADDRESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. 11b. City, State & Zip Code 11c. Pegistrator/Document Number SOUTHEAST RESIDENTIAL CORP. 120 WOOSTER STREET NEW YORK NY 10012 F96000002485 Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner. 12. I do brerby certly that the information supplied with this fing is voluntarily furnished and does not qualify for the exemption stated in Section 118.07(3)(k), Fixida Stateber-Virginish of the State of Inc. Processing Agent Partners Inc. 12. I do brerby certly that the information supplied with this fing is voluntarily furnished and does not qualify for the exemption stated in Section 118.07(3)(k), Fixida Stateber-Virginish of the State of Inc. Process Inc. 12. I do brerby certly that the information supplied with this fing is voluntarily furnished and does not qualify for the exemption stated in Section 118.07(3)(k), Fixida Stateber-Virginish of the State of Fixida Stateber-Virginish of Partners Inc. 12. I do brerby certly that the information supplied with this fing is voluntarily furnished and does not qualify for the exemption stated in Section 118.07(3)(k), Fixida Stateber-Virginish of Partners Inc. 12. I do brerby certly that the information supplied with this firm	Name and Address of Current Registered Agent				
Solte, Apt. #, etc. City FL Zip Code	JUBELT, PAUL C		. Name		
ORLANDO FL 32822 City	% AFFIRMATIVE MANAGEMENT, INC.		Street Address (P.O. Box Number is Not Acceptable)		
ORLANDO FL 32822 City	5850 T.G. LEE BLVD., SUITE 650				
10a. Pursuant to the provisions of sections 620 1051 and 620. 192, Florida Statutas, 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 \$20192, Florida Statutes. SIGNATURE (Registered Agent Accepting Appointment) 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) 11a. (Do NOT Use Post Office Box Numbers) 11b. City, State & Zip Code 11c. Registrator/ Document Number SOUTHEAST RESIDENTIAL CORP. 120 WOOSTER STREET NEW YORK NY 10012 F96000002485 Note: General partners MAY NOT be changed on this form; an amendment must be filled to change a general partner. 12. 1 do hereby centry 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 Standard 1496/86 for Williams of the Williams of the Standard 1496/86 for Williams of the Williams of the Standard 1496/86 for Williams of th	·		Suite, Apt. #, etc.		
tor the purpose of changing its registered algorit, 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 5207(92, Florida Statutes. SIGNATURE (Registered Agent Accepting Appointment) 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) 11a. (po Aggress of Each General Partner) SOUTHEAST RESIDENTIAL CORP. 120 WOOSTER STREET NEW YORK NY 10012 F96000002485 Note: General partners MAY NOT be changed on this form; an amendment must be filled 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), Forida Statement Missian of			City Zip Code		
SOUTHEAST RESIDENTIAL CORP. 120 WOOSTER STREET NEW YORK NY 10012 F98000002485 DDDDDD205651807 -01/23/9701058009 ****200.00 ****200.00 Note: General partners MAY NOT be changed on this form; an amendment must be filled 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 Stateter New Wilsian of	for the purpose of changing its registered off agent. Fam familiar with, and accept the oblining StGNATURE (Registered Agent Accepting Appointme	ice or registered agent, or both, in the State of Figations of section 620 92, Florida Statutes. Int) AT IS A/CORPORATION,	Florida. Such chang	pe was authorized by its general partner(s). I he DATE PARTNERSHIP OR OTHER	reby accept the appointment of registered
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