

**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
98 DEC 28 PM 1:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



1. Name of Limited Partnership
SER SUMMERWIND, LTD.

1a. DOCUMENT #
A96000000988

| | |
|---|--|
| Mailing Address % AFFIRMATIVE MANAGEMENT, INC. 5850 T.G. LEE BLVD., SUITE 300 ORLANDO FL 32822 | Principal Office Address % AFFIRMATIVE MANAGEMENT, INC. 5850 T.G. LEE BLVD., SUITE 300 ORLANDO FL 32822 |
| 2. Mailing Address Suite, Apt. #, etc. Suite 345 City & State Zip Country | 2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country |

| | |
|--|---|
| 3. Date Formed or Registered 05/28/1996 | 5a. Capital Contributions as Shown on record. \$200.00 |
| 3a. Date of Last Report 01/02/1998 | 5b. Amount of Capital Contributions in FLORIDA to date. |
| 4. State or Country of Formation FL | 6. FEI Number 59-3392264 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable |
| 7. Certificate of Status Desired <input type="checkbox"/> \$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
JUBELT, PAUL C
% AFFIRMATIVE MANAGEMENT, INC.
5850 T.G. LEE BLVD., SUITE 300
ORLANDO FL 32822

10. If changed, new Registered Agent/Office

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, etc. **Suite 345**
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) *Paul C Jubelt* 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) SOUTHEAST RESIDENTIAL CORP. | 11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 120 WOOSTER STREET | 11b. City, State & Zip Code NEW YORK NY 10012 | 11c. Registration/ Document Number F96000002485 |
|---|--|---|---|

100002742941--3
-01/14/98--01131--013
****141.25 ****141.25

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 *Paul C Jubelt* DATE _____
Typed or Printed Name of General Partner Signing Form _____ Daytime Telephone Number _____

CR2E003 (8/98)