

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

LIMITED PARTNERSHIP
ANNUAL REPORT
1997



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 JAN -2 AM 9:10

1. Name of Limited Partnership

1a. DOCUMENT #
A96000001152

ATLANTIS ADVENTURE II, LIMITED PARTNERSHIP



Mailing Address

~~810 16TH AVENUE NORTH~~
~~INDIAN ROCKS BEACH FL 33485~~

Principal Office Address

310 16TH AVENUE NORTH
INDIAN ROCKS BEACH FL 33485

3. Date Formed or Registered

06/19/1996

5a. Capital Contributions as
Shown on record.

\$7,500.00

3a. Date of Last Report

N/A

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

7,500.00

4. State or Country of Formation

FL

6. FEI Number

☐ 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)

2. Mailing Address

P.O. Box 1049

2a. Principal Office Address

Suite, Apt. #, etc.

City & State

Indian Rocks Beach

City & State

Zip Country

33785-1049

Zip Country

33785

9. Name and Address of Current Registered Agent

AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134

*Chas
up 1/10*

10. If changed, new Registered Agent/Office

Name

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

Suite, Apt. #, etc.

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) _____ DATE _____

**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)

SULLIVAN, PAUL W

SULLIVAN, F. TINA

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

P.O. BOX 1049

P.O. BOX 1049

11b. City, State & Zip Code

INDIAN ROCKS BEACH FL

INDIAN ROCKS BEACH FL

11c. Registration/
Document Number

300002056073--3
-01/14/97--01003--023
******200.00 ****200.00**

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 W. Sullivan

DATE

12/30/96

Type: Printed Name of General Partner Signing Form

PAUL W. SULLIVAN

Daytime Telephone Number

(813) 596-6236