

FILE ON OR BEFORE APRIL 8, 1998 TO AVOID  
REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP  
ANNUAL REPORT  
1998



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

98 APR 20 AM 11:16

1. Name of Limited Partnership

1a. DOCUMENT #  
A96000001409

ST. AUGUSTINE ASSOCIATES, LTD.

Mailing Address

Principal Office Address

2180 WEST STATE ROAD 434, SUITE 6184  
LONGWOOD FL 32779

2180 WEST STATE ROAD 434, SUITE 6184  
LONGWOOD FL 32779

3. Date Formed or Registered

07/29/1996

5a. Capital Contributions as  
Shown on Record

\$464,225.00

3a. Date of Last Report

12/27/1996

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

\$464,225.00

2. Mailing Address

2a. Principal Office Address

Suite, Apt. #, etc.  
1180 Spring Centre South Blvd.

Suite, Apt. #, etc.  
1180 Spring Centre South Blvd.

City & State Suite 211  
Altamonte Springs, Florida 32714

City & State Suite 211  
Altamonte Springs, Florida 32714

Zip Country

Zip Country

6. FEI Number

APPLIED FOR  
59-3368978

☐ 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

10. If changed, new Registered Agent/Office

B&C CORPORATE SERVICES OF CENT. FL., INC.  
390 NORTH ORANGE AVE., SUITE 1100  
ORLANDO FL 32801

Name

FF \$526.25

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)

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

11b. City, State & Zip Code

11c. Registration/  
Document Number

ST. AUGUSTINE ASSOCIATES, IN

~~2180 WEST STATE ROAD~~

~~LONGWOOD FL 32779~~

P96000062071

1180 Spring Centre South Blvd.  
Suite 211  
Altamonte Springs, Florida 32714

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\*\*\*\*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

*Terry M. Lubinsky*

DATE

4-2-98

Typed or Printed Name of General Partner Signing Form

Terry M. Lubinsky

Daytime Telephone Number

(407) 774-5858

CR2E003 (12/97)