

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 14 PM 4:19

1. Name of Limited Partnership

1a. DOCUMENT #
A96000001570

SANFORD COMMERCE CENTER, LTD.



Mailing Address

Principal Office Address

1230 HILLCREST STREET, SUITE 102
ORLANDO FL 32803

1230 HILLCREST STREET, SUITE 102
ORLANDO FL 32803

3. Date Formed or Registered

08/22/1996

5a. Capital Contributions as
Shown on record.

\$50.00

3a. Date of Last Report

10/15/1997

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

2. Mailing Address

912 N. Highland Ave.

2a. Principal Office Address

912 N. Highland Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Orlando, Florida

City & State

Orlando, Florida

Zip

Country

32803

U.S.A.

Zip

Country

32803

U.S.A.

4. State or Country of Formation

FL

6. FEI Number

59-3397867

☐ 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

B&C CORPORATE SERVICES OF CENT. FLA., INC.
390 N. ORANGE AVENUE, SUITE 1100
ORLANDO FL 32801

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)

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

11b. City, State & Zip Code

11c. Registration/
Document Number

SANFORD COMMERCE CENTER, INC

1230 HILLCREST STREET

ORLANDO FL 32803

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-12/23/98--01075--004
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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

DATE

12-12-98

Typed or Printed Name of General Partner Signing Form

A. WAYNE RECK

Daytime Telephone Number

(407) 641-4205

CR2E003 (8/98)