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

LIMITED PARTNERSHIP ANNUAL REPORT





FLORIDA DEPARTMENT OF STATE

Sandra Mortham

Secretary of State

1997		1 Sept. 10 S	y DI	VISION OF CO	RPORATIONS			97 14	م ـ لا	AM 9: 53	
1. Name of Limited Partnership		18	a. D	OCUME			J I OH	ii 3	AM 9: 53		
Decade Gulfcoast	Offic	e A	A96000001601								
Partners Limited Partnership											
						2 N		I Anntesta	THIS SPA	CE	
							2. New Mailing Address. If Applicable				
Maing Address 250 Patrick Blvd., Ste. 140 Same Brookfield, WI 53045-5864						Suite.	Suite. Apt. #, etc				
						City, S	City, State & Zip				
						2a.	2a. New Principal Office Address, If Applicable				
If above aridreuses are incorrect in any wa	y, lir e fhrou	gh the incorrect i	information and e	inter correct adds	ess in Block 2 and/or	Suite, a	Apt #, etc				
3. Date Formed or Registered to Do Bus	3a. Date of	Last Report 4, State or Country of Formation				City, State & Zip					
			ial Report Florida aptal Contributions in 6. FEI Number								
5a. Capita Contributions as Shown on Record	on Record FLORIDA		IDA to date		pe [,]		Applied For			STATUS REQUIRED [
750,000.∞ 522,00				59-33	9884		Not Applicable		for eller to its of blates		
8. FEES: 1.) Filing Fee Computed at 2.) Supplemental Fee \$138 THE AMOUNT DUE SHALL BE NO LESS Note If the amount entered in 55 is MAKE CHECK PAYABLE TO FLORIDA DE	8.75 (pursua THAN \$191. s greater tha	int to section 607 25 (\$52.50 + \$13 in amount entere	'.193, F.S.) 38.75) AND NO M	ORE THAN \$576	5.25 (\$437 50 + \$138.7	'5)					
, 9, Name and Address of Current Registered Agent						10	10. If changed new Registered Agent/Office				
Blorida-Lawdock, In	c.				Name				.,		
DO Por 2100					· · · · · · · · · · · · · · · · · · ·	Street Address (P.O. Box Number Is Not Acceptable)					
West Palm Beach, FL 33402-3188 City											
							FL Zip Code				
10a. Pursuant to the provisions of sect for the purpose of changing its re- agent. Lam familiar with and acc	gistered of	de or registered	agent, or both in	n the State of Flori							
SIGNATURE (Registered Agent Accepting								DATE			
A GENERAL PARTN							ISHIP OR O HIS OFFICE		BUSIN	IESS ENTITY	
11. Namo(s) of General Partner(s)		T	Addres:	s of Each Genera se Post Office Bo	l Partner		ty. State & Zip Code	<u>. </u>	11c.	Registration/ Document Number	
JK Investments of Clearwater, Inc.		24	40 Baysi	de Drive	e C1	earwat	ter, FL 34	630	н3462	27	
•							90000	120	546	L 3589-5	
•							-01	/10/9 **576	701	100027 ****576.25	
Note: General partners	MAY	NOT be cl	hanged or	this form	n; an amendi	nent m	ust be filed to	o chang	ge a ge	neral partner.	
12. I do hereby certify that the informat	ion supplied	d with this filing is	voluntanty furnis	shed and does no	t qualify for the exem	otion stated in	n Section 119 07(3)(k)	, Florida Stat	utes Trelea	ise 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.

Typed or Printed Name of General Partner Signing Form By: Michael Sweet, Secretary.

DATE 12/30/46

Telephone Number (414) 792-9200