

FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT  
TO 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

97 DEC -9 AM 9:47 12/11



1. Name of Limited Partnership

1a. DOCUMENT #  
**A96000001925**

**FIRST FLORIDA FIMO, LTD.**

Mailing Address

Principal Office Address

~~42661 METRO PARKWAY SUITE A~~  
~~FORT MYERS FL 33900~~

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~~FORT MYERS FL 33900~~

3. Date Formed or Registered

10/14/1996

5a. Capital Contributions as  
Shown on record.

\$99.00

3a. Date of Last Report

12/20/1996

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

4. State or Country of Formation

FL

2. Mailing Address

1149 Periwinkle Way

2a. Principal Office Address

2274 Eaton Lake Court

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Sanibel, Florida

City & State

Lehigh, Florida 33971

Zip Country

33957 USA

Zip Country

33971 USA

6. FEI Number 65-0709369

APPLIED FOR

☐ 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

NAUMANN, JOHN J  
1149 PERIWINKLE WAY  
SANIBEL ISLAND FL 33957

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

WESTMINSTER SALES CORPORATIO

1149 PERIWINKLE WAY

SANIBEL ISLAND FL 339

P96000074914

7000002370887-1  
-12/12/97-01078-014  
\*\*\*\*156.25 \*\*\*\*156.25

**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

DATE

11/25/1997

Typed or Printed Name of General Partner Signing Form

Klaus Petri

Daytime Telephone Number

(301)229-7727

CR2E003 (6/97)