

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
98 JAN 29 AM 9:31

1. Name of Limited Partnership

1a. DOCUMENT #
A96000001958

CARLISLE AT NAPLES, LTD.



901/30

Mailing Address

2121 PONCE DE LEON BOULEVARD, PENTHOUSE
CORAL GABLES FL 33134

Principal Office Address

2121 PONCE DE LEON BOULEVARD, PENTHOUSE
CORAL GABLES FL 33134

3. Date Formed or Registered

10/18/1996

5a. Capital Contributions as
Shown on record.

\$5,625,000.00

3a. Date of Last Report

03/31/1997

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

4. State or Country of Formation

FL

2. Mailing Address

3225 Aviation Ave.

Suite, Apt. #, etc.

Suite 700

City & State

Cocoanut Grove, FL

Zip

33133

Country

USA

2a. Principal Office Address

3225 Aviation Ave.

Suite, Apt. #, etc.

Suite 700

City & State

Cocoanut Grove, FL

Zip

33133

Country

USA

6. FEI Number

65-0703424

☐ 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

BOGGIO, LLOYD J
2121 PONCE DE LEON BLVD., PENTHOUSE
CORAL GABLES FL 33134

10. If changed, new Registered Agent/Office

Name

MARCUS STEWART

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

3225 Aviation Ave., #

Suite, Apt. #, etc.

Suite 700

City

Cocoanut Grove

FL

Zip Code

33133

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)

Marcus, Pres.

DATE

1-20-98

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)

CARLISLE AT NAPLES, INC.

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

3225 Aviation Ave #700
2121 PONCE DE LEON BO

11b. City, State & Zip Code

Cocoanut Grove, FL 33133
CORAL GABLES FL 33134

11c. Registration/
Document Number

P96000086034

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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

Marcus, Pres.

DATE

12/15/97

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

CR2E003 (6/97)