

A96000002007

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DOCUMENT # A96000002007

1. Entity Name
SAN-CAP MANAGEMENT GROUP LIMITED PARTNERSHIP



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 NOV 12 PM 4:40

Principal Place of Business
618 N. YACHTSMAN DRIVE
SANIBEL FL 33957

Mailing Address
618 N. YACHTSMAN DRIVE
SANIBEL FL 33957



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DUE BY SEPTEMBER 24, 2003

4. FEI Number 65-0841508

Applied For

Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DEGENNARO, CATHERINE M
618 N. YACHTSMAN DRIVE
SANIBEL FL 33957

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions
as Shown on record. \$40,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # P96000087006
NAME CAPTIVA ISLAND INN, INC.
STREET ADDRESS 618 N. YACHTSMAN DRIVE
CITY-ST-ZIP SANIBEL FL 33957

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

DECLARATION STATEMENT 2003
11/25

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: CATHERINE DEGENNARO
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

9-24-03

Date Daytime Phone #

CR2E03 (4/03)

ROM :

PHONE NO. : 9413950882

Nov. 24 2003 12:45PM P1

11/25/03

29a

Ms BRENDAN TAYLOR
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

RE: SMO - GP MANAGEMENT GROUP, INC

DEAR BRENDAN,

I AM KEEPING WITH OUR PREVIOUS
CONVERSATION - PLEASE ACCEPT THE
LETTER AS A NOTICE THAT WE DID
NOT RECEIVE THE FIRST NOTICE
OF CORPORATION RENEWAL - WE
MAILED IN THE REGISTRATION
IMMEDIATELY. THANK YOU FOR
WAIVING THE ADDITIONAL LATE
CHARGE. IT IS MY UNDERSTANDING
THE CORPORATION IS IN GOOD
STANDING AND PAID/UP TO DATE.

THANK YOU,

ROB DEGENHARD

SMO - GP RESTAURANT GROUP INC