

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

98 OCT 19 PM 4: 30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



1. Name of Limited Partnership

1a. DOCUMENT #
A96000002167

TROPICAL ISLE, LTD.

Mailing Address

10610 METRIC, SUITE 190
DALLAS TX 75243

Principal Office Address

10610 METRIC, SUITE 190
DALLAS TX 75243

2. Mailing Address

2a. Principal Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

3. Date Formed or Registered

11/25/1996

3a. Date of Last Report

11/21/1997

4. State or Country of Formation

FL

6. FEI Number

59-3412747

☐ 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)

5a. Capital Contributions as
Shown on record.

\$3,600,000.00

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

9. Name and Address of Current Registered Agent

SULLIVAN, MICHAEL J ESQUIRE
111 NORTH ORANGE AVE.
ORLANDO FL 32801

10. If changed, new Registered Agent/Office

Name

300002669813--1

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

10/22/98 01046-016

Suite, Apt. #, etc.

****526.25 ****526.25

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

NOBLE-KIDD CORPORATION

API INVESTMENTS, INC.

10610 METRIC, SUITE 1

4949 WESTOWN PARKWAY,

DALLAS TX 75243

WEST DES MOINES IA 50

P96000053102

F96000006181

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

Ed Noble

DATE

10/16/98

Typed or Printed Name of General Partner Signing Form

ED NOBLE

Daytime Telephone Number

214-343-1452 x101

CR2E003 (8/98)