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 NOV 13 AM 10:12

1. Name of Limited Partnership

1a. DOCUMENT # A96000002201

NIGA LIMITED PARTNERSHIP

Mailing Address	Principal Office Address
~~400 W. MINNEHAHA AVENUE~~	1221 SIMPSON LANE
~~OLERMONT FL 34711~~	MOUNT DORA FL 32757

3. Date Formed or Registered: 12/03/1996

3a. Date of Last Report: 12/30/1996

4. State or Country of Formation: FL

5a. Capital Contributions as Shown on record: $113,000.00

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

6. FEI Number: 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)

2. Mailing Address	**2a.** Principal Office Address
1221 SIMPSON LANE	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
MOUNT DORA, FL.	City & State
Zip 32757 Country LAKE COUNTY	Zip Country

9. Name and Address of Current Registered Agent

TARA FINANCIAL SERVICE, INC.
~~400 W. MINNEHAHA AVENUE~~
~~OLERMONT FL 34711~~

10. If changed, new Registered Agent/Office

Name: Tara Financial Services, Inc.
Street Address (P.O. Box Number Is Not Acceptable): 1221 SIMPSON LANE
Suite, Apt. #, etc.:
City: MOUNT DORA FL Zip Code: 32757

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) (X) Irene T. Lazzeri DATE 10/6/97

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
LAZZERI, IRENE T	1221 SIMPSON LANE	MOUNT DORA FL 32757	

000002351250 13-2
-11/18/97-01109-016
****541.25 ****541.25

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 (X) Irene T. Lazzeri DATE 10/6/97

Typed or Printed Name of General Partner Signing Form: IRENE T. LAZZERI Daytime Telephone Number (352) 343-6389

CR2E033 (6/97)