## FILE ON OR BEFORE APRIL 8,1998 TO AVOID REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

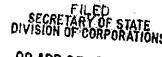
Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1. Name of Limited Partnership

1a. DOCUMENT # **A9600002331** 

## DURFEE PROPERTIES OF SARASOTA, LTD.



98 APR 27 PM 4: 06



Malling Address	Principal Office Address	Principal Office Address		<b>5a.</b> Capital Contributions as Shown on record.	
2033 PRINCETON STREET	2033 PRINCETON STREET		12/16/1996	\$1,416,100.00  5b. Amount of Capital Contributions in FLORIDA	
SARASOTA FL 34237	SARASOTA FL 34237	SARASOTA FL 34237			
2. Mailing Address	2a. Principal Office Address	2a. Principal Office Address		to date:	
Suite, Apt. #, etc.	Suite, Apt. #, etc.			Applied For	
City & State	City & State	City & State		Not Applicable  \$8.75 Additional	
Zip Country	Zip	Zip Country		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			10. If changed, new Register	10. If changed, new Registered Agent/Office	
DURFEE, C. GARRETT		Name			
2033 PRINCETON STREET		Street Address (P.O. Box Number is Not Acceptable)			
SARASOTA FL 34237		Suite, Apt. #, etc05/12/9801054001			
		City			
A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY  MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.					
11. Name(a) of General Partner(s)	11a. (Do NOT Use Post Office	eral Partner Box Numbers)	b. City, State & Zip Code	11c. Registration/ Document Number	
DURFEE, CHARLES L	2033 PRINCETON STR	2033 PRINCETON STREET		(12/97	
Note: General partners MAY NO  12. I do hereby certify that the information supplied wire Corporations from any liability of non-compliance this annual report is true and accurate and that my empowered to execute this report as required by compositions.	th this filing is voluntarily furnished and does with Section 119.07(3)(k) In the event that the signature shall have the same legal effects	m; an amenor not qualify for the sxe information supplied	mption stated in Section 119.07(3)(k), Floric is deemed exempt from public access. I fur I further certify that I am a General Partner	la Statutes. I release the Division of ther centify that the information Indicated on of the limited partnership, receiver or trustee	
SIGNATURE THE Y/	BETTY MI	URFEE	DATE S	2-3-98	
Typed or Printed Name of General Partner Signing Form	1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	<u>4151-66</u>	Daytime Telephone Number / Z	1-300-62	