

FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

FILED

98 SEP 21 PM 1:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED PARTNERSHIP
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

1. Name of Limited Partnership

1a. DOCUMENT #
A96000002361

AVILA LIMITED PARTNERSHIP



Mailing Address

2154 TRADE CENTER WAY
SUITE 3
NAPLES FL 34109

Principal Office Address

2154 TRADE CENTER WAY
SUITE 3
NAPLES FL 34109

3. Date Formed or Registered

12/18/1996

5a. Capital Contributions as
Shown on record.

\$1,500.00

3a. Date of Last Report

02/13/1998

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

4. State or Country of Formation

FL

2. Mailing Address

2a. Principal Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. FEI Number

65-0782732

☐ 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

PRICE, R. SCOTT
KELLY, PRICE, PASSIDOMO & SIKET
2640 GOLDEN GATE PARKWAY, SUITE 315
NAPLES FL 34105

10. If changed, new Registered Agent/Office

Name

CLASP Inc.

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

c/o Cummings & Lockwood

Suite, Apt. #, etc.

3001 Tamiami Trail N., 4th Floor

City
Naples

Zip Code
FL 34103

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)

Aaron A. Farmer, VP DATE 9/17/98

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)

BDG-AVILA AT GREY OAKS, INC.

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

5100 TAMAMI TRAIL NO

11b. City, State & Zip Code

NAPLES FL 34103

11c. Registration/
Document Number

P97000067245

900002647489--1
-09/23/98--01084--006
****526.25 ****526.25

du

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

Arthur A. Shafran, Pres DATE 9/11/98

Typed or Printed Name of General Partner Signing Form

BDG-Avila at Grey Oaks, Inc. Daytime Telephone Number (941) 597-8400

CR2E003 (8/98)