

**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 20 PM 2:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



1. Name of Limited Partnership

1a. DOCUMENT #
A97000000074

GROSSE POINTE ASSOCIATES, LTD.

Mailing Address

Principal Office Address

~~C/O F & L CORP.
200 LAURA STREET
JACKSONVILLE FL 32202~~

~~AKKERBREEF 335. 2723 X2
THE NETHERLANDS~~

3. Date Formed or Registered

01/09/1997

5a. Capital Contributions as
Shown on record.

\$3,315,000.00

3a. Date of Last Report

12/15/1997

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

4. State or Country of Formation

FL

6. FEI Number

59-3458479

☐ 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

15065 MCGREGOR BLVD

2a. Principal Office Address

15065 MCGREGOR BLVD.

Suite, Apt. #, etc.

SUITE 108

Suite, Apt. #, etc.

SUITE 108

City & State

FORT MYERS, FL

City & State

FORT MYERS, FL.

Zip

33908

Country

USA

Zip

33908

Country

USA

9. Name and Address of Current Registered Agent

**F & L CORP.
200 LAURA STREET
JACKSONVILLE FL 32202**

10. If changed, new Registered Agent/Office

Name **Steven I. Winer**

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

12800 University Drive

Suite, Apt. #, etc.

Suite #600

City

Ft Myers

FL

Zip Code

33907

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

9/14/98

**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)

**RAPENBURCH FLORIDA, INC.
GROSS POINTE DEVELOPMENT COM**

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

**200 LAURA STREET
15065 MCGREGOR BLVD.,**

11b. City, State & Zip Code

**JACKSONVILLE FL 32202
FORT MYERS FL 33908**

11c. Registration/
Document Number

**P97000002222
P95000089303**

**400002675084-0
-10/28/98--01092--016
****526.25 ****526.25**

des

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

Typed or Printed Name of General Partner Signing Form

**AS AN OFFICER OF GROSSE POINTE
DEVELOPMENT, THE GENERAL PARTNER**
C. J. HOPPER, VP

DATE

10/16/98

Daytime Telephone Number

941-437-5007

CR2E003 (8/98)