

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

LIMITED PARTNERSHIP
ANNUAL REPORT

1998

REINSTATE



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

FILED
00 FEB -7 PM 3:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



1. Name of Limited Partnership

1a. DOCUMENT #
A97000000345

1. NAPIER PROPERTIES, LTD.

Mailing Address

3545 US 1 SOUTH
ST AUGUSTINE FL 32086

Principal Office Address

3545 US 1 SOUTH
ST AUGUSTINE FL 32086

3. Date Formed or Registered

02/05/1997

5a. Capital Contributions as
Shown on record.

\$1,250,000.00

3a. Date of Last Report

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

4. State or Country of Formation

FL

6. FEI Number

59-3423007

☒ 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

Suite, Apt. #, etc.

City & State

Zip

Country

2a. Principal Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

9. Name and Address of Current Registered Agent

BAILEY, JOHN D JR
780 PONCE DE LEON BLVD
ST AUGUSTINE FL 32084

10. If changed, new Registered Agent/Office

Name

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

Suite, Apt. #, etc.

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)

BLESSINGS MANAGEMENT, INC.

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

3545 US 1 SOUTH

11b. City, State & Zip Code

ST AUGUSTINE FL 32086

11c. Registration/
Document Number

P97000011526

600003142586-5
-02/22/00--01027--005
***3078.75 ***3078.75

REINSTATEMENT

1998-2000

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

[Signature]

PRES BLESSINGS MANAGEMENT, INC.

DATE

11/4/98

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

CR2E003 (12/97)

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
00 FEB -7 PM 1:34

SECRETARY OF STATE
TALLAHASSEE FLORIDA

WR 2/11

DOCUMENT # L9800000

1. Limited Liability Company's Name

Lester N. Pokorne Investments Ltd., LLC

L98-290

2. Principal Office Address

2706 Horseshoe Drive South

Suite, Apt. #, etc.

Ste. 220

City & State

Naples, FL

Zip

34104

Country

3. Mailing Office Address

PO Box 8088

Suite, Apt. #, etc.

City & State

Naples, FL

Zip

34101

Country

4. State/Country of Formation

Florida

**5. Date Organized or Qualified
To Do Business in Florida**

March 10, 1998

6. FEI Number

59-3516017

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Lester Pokorne

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

2706 Horseshoe Drive South

Suite, Apt. #, Etc.

Suite 220

City

Naples

State

FL

Zip Code

34104

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

Lester N. Pokorne

REGISTERED AGENT MUST SIGN

Date

1-31-00

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MEM	Lester N. Pokorne	2706 Horseshoe Dr. South. Ste. 220	Naples, FL 34104

REINSTATEMENT

1999
2000

500003142495-0

-02/22/00 -01020 -006

****150.00 ****150.00

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of
Managing Member/Manager

Lester N. Pokorne

Date

1-31-00

Daytime Phone #

941-435-1370

Typed or printed name of signing Managing Member/Manager