

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

98 JAN -9 PM 2: 57

1. Name of Limited Partnership

1a. DOCUMENT #  
A97000000389

WILLOW RUN HOUSING I, LTD.

Mailing Address

390 N. Orange Avenue  
Suite 1100  
Orlando, Florida 32801

Principal Office Address

950 N. Orlando Avenue  
Suite 320  
Winter Park, Florida 32789

3. Date Formed or Registered

02/13/97

5a. Capital Contributions as  
Shown on record

\$50.00

3a. Date of Last Report

N/A

5b. Amount of Capital  
Contributions in FLORIDA  
to date

\$50.00

2. Mailing Address

2a. Principal Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. FEI Number

59-3426384

☐ 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

B&C Corporate Services of Central Florida, Inc.  
390 North Orange Avenue, Suite 1100  
Orlando, Florida 32801

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.

BY: B&C Corporate Services of Central Florida, Inc.

SIGNATURE (Registered Agent Accepting Appointment)

DATE 1/8/98

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)

Willow Run Housing II, Inc.,  
a Florida corporation

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

950 N. Orlando Avenue  
Suite 320

11b. City, State & Zip Code

Winter Park, FL 32789

11c. Registration  
Document Number

P97000014182

800002395378--1

CPL

1-9

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.

By: Willow Run Housing II, Inc., general partner

SIGNATURE

Charles B. Palmer, President

DATE

1/7/98

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

407/628-4544



**THE UNITED STATES  
CORPORATION  
COMPANY**

ACCOUNT NO. : 072100000032

REFERENCE : 663377 4881472

AUTHORIZATION :

*Patricia Fyfe*

COST LIMIT : \$ 158.75 150.00

ORDER DATE : January 9, 1998

ORDER TIME : 10:58 AM

ORDER NO. : 663377-015

CUSTOMER NO: 4381472

CUSTOMER: Janice Myers, Legal Assistant  
Broad And Cassel  
Suite 1100  
390 North Orange Avenue  
Orlando, FL 32801

ANNUAL REPORT FILING

NAME: WILLOW RUN HOUSING I, LTD.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XXXX CERTIFIED COPY  
XXXX PLAIN STAMPED COPY  
XXXX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Stacy L Earnest

EXAMINER'S INITIALS:

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
98 JAN -9 PM 2:57

RECEIVED  
98 JAN -9 PM 12:26  
DIVISION OF CORPORATION