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

LIMITED PARTNERSHIP **ANNUAL REPORT** 



## FLORIDA DEPARTMENT OF STATE Sandia B. Mortham

FILED

1999	DIVISION OF	CORPORATIONS	00 MAD 17	041.15
1. Name of Limited Partnership		1a. DOCUMENT # <b>A9700000543</b>		PM 4: 13 For Sidit EE,FLORIDA
CYT PROPERTIES, LTD.				
Mailing Address  445 SW - 27TH AVENUE  VERO BEACH FL 32960	Principal Office Address  445 SW - 27TH AVENUE  VERO BEACH FL 32960		3. Date Formed or Registered 03/03/1997 3a. Date of Last Report 01/16/1998 4. State or Country of Formation	5a. Capital Contributions as Shown on record \$950,000.00  5b. Amount of Capital Contributions in FLORIDA to date:
2. Mailing Address	2a. Principal Office Address	·		\$330,000.00
Suite, Apt. #, etc.  City & State		Suite, Apt. #, etc.  City & State		48739 Applied For Not Applicable
Zip Country	Zip			\$8.75 Additional Fee Required State (See reverse side for fee informatio
9, Name and Address of Co	urrent Registered Agent		10. If changed, new Registere	d Agent/Office
979 BEACHLAND BLVD VERO BEACH FL 32963		Street Address (P.O. Box Number Is Not Acceptable)  Suite, Apt. #, etc		
for the purpose of changing its registered offic agent. I am familiar with, and accept the oblig	13m 3. (h)	med limited partnership or orida. Such change was a	ganized or registered under the laws of the uthorized by its general partner(s). I hereb	by accept the appointment of registered $12/18/9$
A GENERAL PARTNER TH	<u>UST BE REGISTERED AI</u>	ND ACTIVE W	RTNERSHIP OR OTHE	
A GENERAL PARTNER TH	AT IS A CORPORATION, UST BE REGISTERED A  11a. Address of Each Gene (Do NOT Use Post Office	ND ACTIVE W	RTNERSHIP OR OTHE /ITH THIS OFFICE.	
M	<u>UST BE REGISTERED AI</u>	ND ACTIVE W eral Partner Box Numbers) 11b	RTNERSHIP OR OTHE /ITH THIS OFFICE. , City. State & Zip Code PERO BEACH FL 32960	11c. Registration/ Document Number P97000010958
A GENERAL PARTNER TH M  11. Name(s) of General Partner(s)	UST BE REGISTERED A  11a. Address of Each Gene (Do NOT Use Post Office	ND ACTIVE W eral Partner Box Numbers) 11b	RTNERSHIP OR OTHE /ITH THIS OFFICE. , City. State & Zip Code	11c. Registration/ Document Number P97000010958

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.

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number\_