

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**

97 DEC 15 PM 12: 57

mtu
12/16

1. Name of Limited Partnership

1a. DOCUMENT #
A97000001046

ABR VILLAGE SQUARE APARTMENTS, LTD.



Mailing Address

**4102-B QUIXOTE BOULEVARD
TAMPA FL 33613**

Principal Office Address

**4102-B QUIXOTE BOULEVARD
TAMPA FL 33613**

3. Date Formed or Registered

05/12/1997

5a. Capital Contributions as
Shown on record

\$691,200.00

3a. Date of Last Report

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

2. Mailing Address

2a. Principal Office Address

7110 TUDOR LANE

4. State or Country of Formation

FL

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

PORT RICHEY FL

6. FEI Number

59-3446181

☐ Applied For
☐ Not Applicable

Zip

Country

Zip

Country

34668 PASCO

7. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

8. Make check payable to: Dept. of State (See reverse side for too information)

9. Name and Address of Current Registered Agent

**SALVATORI, LEO J
4501 NORTH TAMiami TRAIL, SUITE 300
NAPLES FL 34103**

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 620.1061 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)

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

11b. City, State & Zip Code

11c. Registration/
Document Number

REED, ROBERT M II

4102-B QUIXOTE BOULEV

TAMPA FL 33613

**800002374408-- 5
-12/17/97-- 01034--002
***541.25 ***541.25**

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

DATE

Typed or Printed Name of General Partner Signing Form

ROBERT M. REED II

Daytime Telephone Number

(813) 971-3006

CR2E003 (6/97)