

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

99 APR -7 PM 2:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Name of Limited Partnership

1a. DOCUMENT #
A97000001291

OMNI I-75 LTD.



Mailing Address

8695 COLLEGE PARKWAY, SUITE 233
FORT MYERS FL 33919

Principal Office Address

8695 COLLEGE PARKWAY, SUITE 233
FORT MYERS FL 33919

3. Date Formed or Registered

06/11/1997

5a. Capital Contributions as
Shown on record

\$30,000.00

3a. Date of Last Report

04/22/1998

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

4. State or Country of Formation

FL

2. Mailing Address

675 15th AVE. SOUTH

2a. Principal Office Address

675 15th AVE. SOUTH

Suite, Apt. #, etc.

Suite, Apt. #, etc.

6. FEI Number

65-090 6216

☐ Applied For
☒ Not Applicable

APPLIED FOR

City & State

NAPLES, FL

City & State

NAPLES FL

7. Certificate of Status Desired

\$8.75 Additional
Fee Required

Zip

34102

Country

USA

Zip

34102

Country

USA

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

9. Name and Address of Current Registered Agent

WATSON, WILLIAM B III
527 EAST UNIVERSITY AVENUE
GAINESVILLE FL 32601

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. I am familiar with, and accept the obligations of section 620.

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)

OMNI DEVELOPMENT OF FT. MYER

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

8695 COLLEGE PARKWAY,

11b. City, State & Zip Code

FORT MYERS FL 33919

11c. Registration/
Document Number

P97000037654

100002632391--2

dec

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

4/5/99

Typed or Printed Name of General Partner Signing Form

JAMES H. LEE

Daytime Telephone Number

941/403-7491

CR2E003 (9/98)