PPLICATION FOR FOR LINE PARTNERS IN	FLORIDA	DEPARTME Indra Mo Securary of Co	that	6	FILED		
DOCUMENT #	OCUMENT # A97000001296			98 APR 29 PH 4: 09			
1. Name of Limited Parlinership Marina Tower of Sarasota, Ltd.			SECRETARY OF STATE				
				TALLAHASSEE, FLOSIDA			
2. Mailing Address	2 Running Office Address			ļ <u></u>			
1231 N. Gulfstream Ave.	3. Funcipal Office Address 1231 N. GUlfstream Ave.		n Ave.	4. Date Formed or Regis To Do Business in Flor	rioa 6–12–97	7 -,,-	
Suite, Apt. #, etc.	Suite. Apt. #, etc			5. FEI Number		Applied For	
City & State Sarasota, FL	City & State Sarasota, FL			65-081769	93	Not Applicable	
,Zip Country	Zip Country			CENTIFICATE OF STATUS DESIRED S8.75 Additional Fee requirements for a Certificate of Statu			
34236 USA	34236	USA		7. State or Country of For	realion FLA		
8a Control Control of Stand -)9-98 1.500,000.00 8b. Amount of Control of C	FEES:1.) Filing Fee(s): Computed at a rate of \$7 per \$1,000 on amount entered in 8b, with a minimum filing fee of \$52.50 and a maximum of \$437.50, for <u>pach year due</u> this office. 2.) Supplemental Fee(s): \$88.75 for <u>each year due</u> this office, beginning with 1992 calendar year. 3.) Penalty Fee(s): \$500 penalty fee for <u>each year report form is delinquent.</u> If the amount entered in 8b is greater than amount entered in 8a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.						
9. Name and Address of Current Registered Agent				10, if changed, new registered agent/office			
1231 N. Gulfstream Ave.			Street Address (P.O. Box Number Is Not Acceptable) FF 536.35 Street Address (P.O. Box Number Is Not Acceptable)				
			Suite, Apt. #, etc				
			у	FL Zip Code			
10a. Pursuant to the provisions of sections 620 1051 and 6 for the purpose of changing its registered office or regagent. Lam familiar with, and accept the obligations of the control of	gistered agent, or both, in the S	talo of Florida. 9	ed partnership orga uch change was auf	nized or registered under the la thonzed by its general parlner(s	s). I hereby accept the appoin	omits this statement alment of registered	
SIGNATURE (Registered Agont Accepting Appointment) . A GENERAL PARTNER THAT IS	S A CORPORATI	bert sk ON JAM	A MITZKY WED PART	NEBSHID OB O	DATE	C ENITITY	
MUST	BE REGISTERE	D AND A	CTIVE WIT	TH THIS OFFICE		S ENTITY	
11. Names of General Partner(s)		Address of Each General Partrier (Do NOT Use Post Office Box Numbers)		City, State and Zip Code		Registration ument Number	
MT OF SARASOTA, INC.	1231 N. Gulfstream Ave		Ave. Sa	rasota, FL 34	236 P970000	51991	
				3000			
					/4/29/98010s	735 7005	
· ·				#	**2776.25 **	*1026.25	
			REIN	STATEME	98 N.S	<u> </u>	

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. Ide hereby certify that the information supplied with this filing is voluntarily furnished and close not qualify for the exemption stated in Section 119 07/99/N Storde State to Legence to State of the Community for the exemption stated in Section 119 07/99/N Storde State to Legence to State of the Community for the exemption stated in Section 119 07/99/N Storde State to Legence to State of the Community for the exemption stated in Section 119 07/99/N Storde State to Legence to State of the Community for the exemption stated in Section 119 07/99/N Storde State to Legence to State of the Community for the exemption stated in Section 119 07/99/N Storde State to Legence to State of the Community for the exemption stated in Section 119 07/99/N Storde State of the Community for the exemption stated in Section 119 07/99/N Storde State of the Community for the exemption stated in Section 119 07/99/N Storde State of the Community for the exemption stated in Section 119 07/99/N Storde State of the Community for the exemption stated in Section 119 07/99/N Storde State of the Community for the exemption stated in Section 119 07/99/N Storde State of the Community for the exemption stated in Section 119 07/99/N Storde State of the Community for the exemption stated in Section 119 07/99/N Storde State of the Community for the exemption stated in Section 119 07/99/N Storde State of the Community for the exemption stated in Section 119 07/99/N Storde State of the Community for the exemption stated in Section 119 07/99/N Storde State of the Community for the exemption stated in Section 119 07/99/N Storde State of the Community for the exemption stated in Section 119 07/99/N Storde State of the Community for the exemption stated in Section 119 07/99/N Storde State of the Community for the exemption stated in Section 119 07/99/N Storde State of the Community for the State of the Community for the State of the Commun

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 those and account and 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 I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by charges 620. Florida Statutes

MT OF SARASOTA, INC., General Partner

Typed or Printed Name of General Partner Signing Form

Robert Skalitzky, President

DATE 4-24-3

Telephone Number

CR2E039 (12)