

FILE ON OR BEFORE APRIL 8, 1998 TO AVOID
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 MAR 25 PM 2:35

1. Name of Limited Partnership

1a. DOCUMENT #
A97000001373

PINE GROVE INVESTORS III LIMITED PARTNERSHIP

Mailing Address

50 COCOANUT ROW, SUITE 221
PALM BEACH FL 33480

Principal Office Address

50 COCOANUT ROW, SUITE 221
PALM BEACH FL 33480

3. Date Formed or Registered

06/23/1997

5a. Capital Contributions as
Shown on record.

\$1,000.00

3a. Date of Last Report

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

4. State or Country of Formation

FL

2. Mailing Address

505 S. Flagler Drive
Suite 401

2a. Principal Office Address

505 S. Flagler Drive
Suite 401

City & State

West Palm Beach FL

City & State

West Palm Beach FL

Zip

33401

Country

USA

Zip

33401

Country

USA

6. FEI Number

65-0761266

☐ 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

FROMSON, SHELDON
50 COCOANUT ROW, SUITE 221
PALM BEACH FL 33480

10. If changed, new Registered Agent/Office

Name

Street Address (P.O. Box Number is Not Acceptable)

505 S. Flagler Drive

Suite, Apt. #, etc.

Suite 401

City

West Palm Beach

FL

Zip Code

33401

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.

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)

SUN AMERICA MELBOURNE, INC.

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

50 COCOANUT ROW, SUITE
505 S. Flagler Drive
Suite 401

11b. City, State & Zip Code

PALM BEACH FL 33480
West Palm Beach FL
33401

11c. Registration/
Document Number

P97000054331

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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 in 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

SHELDON FROMSON

Daytime Telephone Number

3/18/98
561-832-3200

CR2E003 (12/97)