

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 FEB 16 AM 10:30

1. Name of Limited Partnership

1a. DOCUMENT #
A97000001462

LINCOLN SQUARE LIMITED PARTNERSHIP



Mailing Address

Principal Office Address

600 ISLAND WAY 1520 GULF BLVD. 600 ISLAND WAY 1520 GULF BLVD.
CLEARWATER FL 34630 #1102 CLEARWATER FL 34630 #1102

3. Date Formed or Registered

07/02/1997

5a. Capital Contributions as
Shown on record.

\$6,000.00

3a. Date of Last Report

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

2. Mailing Address

2a. Principal Office Address

1520 GULF BLVD. 1520 GULF BLVD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#1102

#1102

City & State

City & State

CLEARWATER

CLEARWATER

Zip

Country

Zip

Country

33767

USA

33767

USA

6. FEI Number

22-3526562

☐ 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

10. If changed, new Registered Agent/Office

MANNING, WILBUR

600 ISLAND WAY

CLEARWATER FL 34630

1520 GULF BLVD
#1102

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, 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

MANNING, WILBUR C

600 ISLAND WAY

1520 GULF BLVD.

#1102

CLEARWATER FL 34630

33767

100002433461--6
--02/17/98--01103--029
****141.25 ****141.25

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

Wilbur C Manning

DATE

2/7/98

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

CR2E003 (12/97)