

FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

98 JAN 13 PM 3:49

LIMITED PARTNERSHIP
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
J. Mortham
Secretary of State
DIVISION OF CORPORATIONS

1. Name of Limited Partnership

1a. DOCUMENT #
A97000001625

APRIL FAMILY LIMITED PARTNERSHIP



BK 1/13/98

Mailing Address

Principal Office Address

~~2040 BAL HARBOUR DR.~~
~~VENICE FL 34293~~

~~2040 BAL HARBOUR DR.~~
~~VENICE FL 34293~~

3. Date Formed or Registered

07/24/1997

5a. Capital Contributions as
shown on record.

~~\$6,000,000.00~~
\$6,000,000

3a. Date of Last Report

N/A

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

3,568,363.75

4. State or Country of Formation

FL

6. FEI Number

65-0787852

☐ 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)

2. Mailing Address

2a. Principal Office Address

8300 TYNDALE COVE
Suite, Apt. #, etc.

8300 TYNDALE COVE
Suite, Apt. #, etc.

City & State

AUSTIN TEXAS

City & State

AUSTIN, TX

Zip

78733 TRAVIS

Zip

78733 TRAVIS

9. Name and Address of Current Registered Agent

PAYNE, L. HOWARD ESQ.
720 SOUTH ORANGE AVENUE
SARASOTA FL 34236

AK -437.50
SUAP 108.75
CUT 8.75
550.00

10. If changed, new Registered Agent/Office

Name

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

Suite, Apt. #, etc.

City

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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

JOHN J APRIL as TRUSTEE OF
SUSAN APRIL as
CO-TRUSTEE OF

NANCY APRIL as
Co-TRUSTEE OF

~~2040 BAL HARBOUR DR.~~

8300 TYNDALE COVE
AUSTIN, TX 78733

377 Sahter Mill Rd

~~VENICE FL 34293~~

Olive Bridge
NY 12461

700002407447--1
-01/21/98--01118--004
550.00

NONE

NONE

Amendment filed 10/16/97 (copy enclosed)

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

Susan April

DATE

11/28/97

Typed or Printed Name of General Partner Signing Form

SUSAN A APRIL

Daytime Telephone Number

(512) 347-1062

CR2E003 (6/97)