

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

99 JUN -9 AM 10: 59

DOCUMENT # A97000001631 - 1. Name of Limited Parlnership

MILLS ASSOCIATES OF SARASOTA, LTD.

						DO NOT WHITE IN THIS SPACE					
2. Mailing Address 786 S. ORA	NGE AVENUE	3. Principal Office Address 786 S. ORANGE AVE.			4. p	4. Date Formed or Registered To Do Business in Florida 7 / 22 / 9 7					
Suite, Apt #, etc.		Suite, Apt. #, etc.			5. FEI Number					Applied For	
Cily&State Sarasota, FL		City & State Sarasota, FL				65-0793019 6. 592				Not Applicable	
Zip Country		Zip Country				TIFICATE OF STATUS DESIRED \$8 75 Additional Fee required for a Certificate of Status					
34236	USA	34236 U		SA	7. s	7. State or Country of Formation F1			lorida		
8a. Capital Contributions as Shown on Record 910,000.00 8b. Amount of Capital Contributions in FLORIDA to date 910,000.00		\$437.50, for each year due this office. 2.) Supplemental Fee(s): \$88.75 for each year due. 3.) Penalty Fee(s): \$500 penalty fee for each year.				t,000 on amount entered in 8b, with a minimum filing fee of \$52.50 and a maximum of ue this office, beginning with 1992 calendar year. ar report form is delinquent intered in 8a, a supplemental affidavit must be submitted along with a separate and					
9. 1	tame and Address of Current Re				10,	10. If changed new registered agent/office					
Geor 200 Sara	Street Ad 635 Suite Ani			Dieter Gebhard, CPA ress (PO Box Number Is Not Acceptable) S. Orange Avenue #, etc te 10 asota FL Zp Code 34236							
Pursuant to the provisions of sections 620.1951 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the taws of the State of Florida, submits this statem 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 approximent of register agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes. SIGNATURE (Registered Agent Accepting Appointment). DATE V DATE V DATE V DATE V MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.											
11. Names of General Partner(s)		Address of Each O (Do NOT Use Post Off	ner	City. State and Zip Code			11a.		tration nt Number		
Mills Associates of Southwest Florida, Inc.		786 S. Orange Ave			Sarasota	ı, FL	34236	P970	0006	3529	
f						400	OO25 -06/15/ ****5	 9903 5,00	31,14 1039- ****	4 -004 -35,00	
Note: General p	artners MAY NOT b	e changed on this	form;	an ame	endment mus	t be file	d to chan	ge a ge	neral p	partner.	
12. I do hereby certify that	the information supplied with this fliability of non-compliance with Sec	iling is voluntarily furnished and	does not q	ualify for the	exemption stated in S	ection 119 07(3)(k), Florida Sta	tutes I releas	se tre Divis	ion of	

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 partners up receiver or trustee empowered to execute this reports as required by chapter 620. Florida fitables