

**FILE ON OR BEFORE APRIL 7, 1999 TO AVOID
• REVOCATION AND \$500 PENALTY FEE**

**LIMITED PARTNERSHIP
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 APR 20 AM 10:17

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TALLAHASSEE, FLORIDA

1. Name of Limited Partnership

1a. DOCUMENT #

99700001916

**DOJESTDA LIMITED PARTNERSHIP
c/o Ma-Con, Inc.**

Mailing Address

Principal Office Address

2. Mailing Address

200 Washington Blvd., S. #4

Suite, Apt. #, etc

Suite #4

City & State

Sarasota, FL

Zip

34236

Country

Sarasota

2a. Principal Office Address

2033 Main Street

Suite, Apt. #, etc

City & State

Sarasota, FL

Zip

34237

Country

Sarasota

3. Date of Annual Report

9/4/97

3a. Date of Report

5a. Capital Contributions

\$ 5,500,000.00

4. State or Country of Formation

Florida

5b. Amount of Capital Contributions

\$2,640,000.00

6. FID Number

65-0823583

☐ Applied For
☐ Not Applicable

7. Certificate of State of Origin

☐ \$8.75 Annual Fee
☐ For Request

8. Member's Payment of Department of State fees and other details as required

9. Name and Address of Current Registered Agent

**Robert L. Kantor
2111 Bee Ridge Road
Sarasota, FL 34239**

10. To change a new Registered Agent

Name **Lawrence M. Hankin, Esq.**

Street Address (If in Building, Box, P.O. Box, etc.)

2033 Main St.

Suite, Apt. #, etc

Suite 400

City

Sarasota, FL

FL

Zip Code **34237**

10a. Pursuant to the provisions of sections 620.14(1) and 620.19(2), Florida Statutes, the above named limited partnership, partnership, corporation, or other business entity, for the purpose of changing its registered office or registered agent, or both, in the State of Florida, has changed its registered office and/or registered agent. I am familiar with and accept the obligations of section 620.19(2), 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 Number)

11b. City, State & Zip Code

11c. Registered Agent

**KANTOR, ROBERT, L., as
Trustee**

2111 Bee Ridge Road

Sarasota, FL 34239

**KANTOR, RONA E., as
Trustee**

2111 Bee Ridge Road

Sarasota, FL 34239

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 within this filing is voluntarily furnished and does not qualify for the exemption provided in Section 119.07(3)(b), Florida Statutes. I declare that the information provided in this annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. I further certify that I am a General Partner of the limited partnership, partnership, or other business entity, or authorized to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE

DATE

Typed or Printed Name of General Partner Signing Form

ROBERT L. KANTOR

Daytime Telephone Number

(941) 925-8888

CR2E003 (12/98)