

FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP  
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

98 DEC 24 PM 12:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



1. Name of Limited Partnership

1a. DOCUMENT #  
A97000002194

FLORIDA COMMERCIAL COMMUNITIES, LTD.

Mailing Address

Principal Office Address

1031 WEST MORSE BLVD., SUITE 140  
WINTER PARK FL 32789

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WINTER PARK FL 32789

3. Date Formed or Registered

10/10/1997

5a. Capital Contributions as  
Shown on record.

\$5,000,000.00

3a. Date of Last Report

12/22/1997

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

4. State or Country of Formation

FL

2. Mailing Address

2a. Principal Office Address

1031 W. Morse Blvd.

1031 W. Morse Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 250

Suite 250

City & State

City & State

Winter Park, Florida

Winter Park, Florida

Zip

Country

Zip

Country

32789

U.S.

32789

U.S.

6. FEI Number

59-3474887

☐ 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

SWANN, HADLEY & ALVAREZ, P.A.  
1031 WEST MORSE BLVD., SUITE 270  
WINTER PARK FL 32789

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

AMERICAN CAPITAL MANAGEMENT Company  
Capitol

1031 WEST MORSE BLVD.

WINTER PARK FL 32789

P32206

100002741091--8  
-01/14/99--01017-025  
\*\*\*\*\*526.25 \*\*\*\*\*526.25

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 BY:

DATE

Terence R. McAuliffe, President

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

(407) 625-6046 644-0026

CR2E003 (8/98)