

FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO 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 JAN -6 PM 3:17

1. Name of Limited Partnership

1a. DOCUMENT #

A 9700000 2228

Hampton Facilities Ltd

Mailing Address

Principal Office Address

P.O. Box 3087
HOMASSA SPR
FL 34447

3475 S. SUNCOAST
BLVD
HOMASSA FL 34447

3. Date Formed or Registered

OCT 16 1997

5a. Capital Contributions as Shown on record

750,000

3a. Date of Last Report

N/A

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

60,000

4. State or Country of Formation

FLA 20

2. Mailing Address

N/A

2a. Principal Office Address

N/A

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. FEI Number

☒ Applied For
☐ Not Applicable

7. Certificate of Status Desired

No

☐ \$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

KEVIN K. DIXON
320 Highland Highway 41
South
Juviness FL 34450

10. If changed, new Registered Agent/Office

Name

N/A

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

900002409939-3

Suite, Apt. #, etc.

-01/23/98--01023--001

City

****523.75 ****523.75

FL

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

W. William L. Dixon 403 W. Highland Blvd

Juviness FL 34452

N/A

Pavesh G. DESAI 3475 S. SUNCOAST BLVD

HOMASSA FL 34447

N/A

420.00 103.75

acc

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

DESAI

DATE

12/16/97

Typed or Printed Name of General Partner Signing Form

DESAI, PAVESH G

Daytime Telephone Number

352-628-7671

CR2E003 (6/97)