

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
SECRETARY OF STATE
DIVISION OF CORPORATIONS

98 DEC -9 PM 2: 52

1. Name of Limited Partnership

1a. DOCUMENT #
A97000002483

SEMINOLE CO. PARK PLACE PARTNERS, LTD.



Mailing Address

Principal Office Address

390 N. ORANGE AVE., SUITE 1100
ORLANDO FL 32801

~~2200 LUCIEN WAY, SUITE 450~~
MAITLAND FL 32751

3. Date Formed or Registered

11/14/1997

5a. Capital Contributions as
Shown on record.

\$50.00

3a. Date of Last Report

12/31/1997

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

2. Mailing Address

2a. Principal Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1551 SANDSPUR ROAD

MAITLAND, FLORIDA

32751

USA

4. State or Country of Formation

FL

6. FEI Number

AP-PLIED FOR

59-3480580

☐ 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

B&C CORPORATE SERVICES OF CENT. FLA., INC.
390 NORTH ORANGE AVE., SUITE 1100
ORLANDO FL 32801

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

CED CAPITAL HOLDINGS IX, LTD

~~2200 LUCIEN WAY, SUITE~~
1551 SANDSPUR ROAD

MAITLAND FL 32751

A97000002481

B/K 12/9/98

500002705525--5

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: CED Capital Holdings IX, Inc., general partner

DATE

12/2/98

Typed or Printed Name of General Partner Signing Form

Tricia Doody, VP

Daytime Telephone Number

407/741-8520

CR2E003 (8/98)



THE UNITED STATES
CORPORATION
COMPANY

A97000002483

ACCOUNT NO. : 072100000032

REFERENCE : 053962 4381472

AUTHORIZATION :

COST LIMIT : \$ 150.00

Patricia Pizut

ORDER DATE : December 4, 1998

ORDER TIME : 3:47 PM

ORDER NO. : 053962-065

CUSTOMER NO: 4381472

CUSTOMER: Ms. Laurie Bergstresser
Broad And Cassel
Suite 1100
390 North Orange Avenue
Orlando, FL 32801

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DIVISION OF CORPORATIONS
98 DEC -9 PM 2:52

ANNUAL REPORT FILING

NAME: SEMINOLE CO. PARK PLACE
PARTNERS, LTD.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Tamara Odom

EXAMINER'S INITIALS: _____

RECEIVED
99 DEC -7 PM 4:19
DIVISION OF CORPORATIONS
BK
12/9/99