

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 -2 AM 10:44

1. Name of Limited Partnership

1a. DOCUMENT #
A97000002589

RSG FAMILY LIMITED PARTNERSHIP-PINELLAS

Mailing Address

Principal Office Address

3. Date Formed or Registered

12/1/97

5a. Capital Contributions as Shown on record.

\$1,000.00

3a. Date of Last Report

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

\$1,000.00

4. State or Country of Formation

FL

2. Mailing Address

850 S. Collier Blvd.

Suite, Apt. #, etc.

1701

City & State

Marco Island, FL

Zip Country

33937 USA

2a. Principal Office Address

850 S. Collier Blvd.

Suite, Apt. #, etc.

1701

City & State

Marco Island, FL

Zip Country

33937 USA

6. FEI Number

59-3479257

☐ 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

Ronald L. Glas
850 S. Collier Blvd.
Suite 1701
Marco Island, FL 33937

10. If changed, new Registered Agent/Office

Name

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

Suite, Apt. #, etc.

City

7000002407137-0
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***156.25 FL ***156.25

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

Barfield Bay Properties, Inc., a FL corporation

850 S. Collier Blvd.
Suite 1701

Marco Island, FL
33937

P95-43260

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.

Barfield Bay Properties, Inc., a FL corporation, General Partner

SIGNATURE By:

Ronald Glas, President

DATE 12/29/97

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

CR2003 (2/97)