

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 M. Moorman  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

98 FEB 26 PM 2:48

mk 2/26/98

1. Name of Limited Partnership

1a. DOCUMENT #  
A97000002655

The Pines of Punta Gorda, Ltd.

Mailing Address

P.O. Box 901  
Winter Haven, FL 33881

Principal Office Address

P.O. Box 901  
Winter Haven, FL 33881

2. Mailing Address

2a. Principal Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

3. Date Formed or Registered

12/9/97

3a. Date of Last Report

n/a

4. State or Country of Formation

Florida

6. FEI Number

5a. Capital Contributions as  
Shown on record

\$50.00

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

\$50.00

☒ 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

B&C Corporate Services of Central Florida, Inc.  
~~P.O. Box 4961~~  
~~Orlando, FL 32802-4961~~  
390 North Orange Ave., Suite 1100  
Orlando, FL 32801

10. If changed, new Registered Agent/Office

Name

000002446460--4

Street Address (P.O. Box Number is Not Acceptable) 33704798--01021--003

Suite, Apt. #, etc.

\*\*\*\*156.25 \*\*\*\*156.25

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)

The Pines of Punta Gorda,  
Inc.

11a. Address of Each General Partner  
(Do NOT Use Post Office Box Numbers)

P.O. Box 901

11b. City, State & Zip Code

Winter Haven, FL 33881

11c. Registration/  
Document Number

P97000096232

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

R. Todd Dantzler, President

DATE

12/30/97

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

941 297-5593

CR2E003 (6/97)