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

1. Name of Limited Partnership

DOCUMENT# A97000002839

98 DEC - 3 PM 12: 41

| THE BERKE | FAMILY | LIMITED | PARTNERSHIP |
|-----------|--------|---------|-------------|

| | | , | | | | | |
|---|---|--|---------------------|---|-----------------------|--|--|
| Mailing Address | Principal Office Address | | | 3. Date Formed or Registered | 5a. Capit Show | al Contributions as n on record. | |
| 8400 EXCALIBUR CIRCLE. C2 | 8400 EXCALIBUR CIRCLE. C2 | | | 12/24/1997 | \$100.00 | | |
| NAPLES FL 34108 | NAPLES FL 34108 | | | 3a. Date of Last Report | | | |
| | | | | 12/30/1997 | 5b. Amou Contr | int of Capital ibutions in FLORIDA | |
| 2. Mailing Address | 2a. Principal Office Address | | | 4. State or Country of Formation | to car | ie: | |
| Culti- Ant # at- | | | | FL | | ame | |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | | | 6. FEI Number AP PLIED FOR 65 0134188 Applied For Not Applicable | | | |
| City & State | City & State | | | 7. Certificate of Status Desired \$8.75 Additional | | | |
| Zip Country | Zip Country | | | 8. Make check payable to: Dept. of State (See reverse side for fee information) | | | |
| | | <u>-</u> | | Make check payable to: Dept. of S | tate (See reve | rse side for tee information) | |
| 9. Name and Address of Current Re | jistered Agent |] | | 10. If changed, new Registered | Agent/Office | | |
| DEDVE MOCINIA | | Name | | | | | |
| BERKE, VIRGINIA 8400 EXCALIBUR CIRCLE, C2 | | Street Address (P.O. Box Number Is Not Acceptable) | | | | | |
| NAPLES FL 34108 | · · · · · · · · · · · · · · · · · · · | | Suite, Apt. #, etc. | | | | |
| | | City | · · · | Zip Code | | | |
| 10a Pursuant to the proviolent of sections \$20 1051 and \$2 | 0 107 Florida Statutes the shove named | Limited partne | rship organi: | yar or registered under the lows of the | FL State of Florid | a submits this statement | |
| 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. | | | | | | pointment of registered | |
| SIGNATURE (Registered Agent Accepting Appointment) | | | | DATE_ | | | |
| A GENERAL PARTNER THAT IS | A CORPORATION, L | MITED | PART | NERSHIP OR OTHER | R BUSI | NESS ENTITY | |
| · · · · · · · · · · · · · · · · · · · | BE REGISTERED AND Address of Each General | | | | 11c. | Registration/ | |
| 11. Name(s) of General Partner(s) | 11a. (Do NOT Use Post Office Box | (Numbers) | 11b. | City, State & Zip Code | 116. | Document Number | |
| BERKE, VIRGINIA 8400 EXCALIBUR CIRCLE | | NAPLES FL 34108 | | | | | |
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| Notes Comprel northern MAY NOT by | a alaawaad aa thia fama | | al | 4 muset he filed to abo | | negal neghner | |

| 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 |
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| | 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 cartify 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 trusted |
| | empowered to execute this report as required by chapter 620, Florida Statutes. |
| | |
| SIC | SNATURE UN GLESLU Berle DATE 11/15/88 |

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|---|--------|------|--------|
| yped or Printed Name of General Partner Signing For | " VIRG | 1014 | Berke |