

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 -9 PM 1:30

1. Name of Limited Partnership

CARIBBEAN APARTMENTS AT
PELICAN MARSH, LTD.

1a.

DOCUMENT #

A97000002938

Mailing Address

4851 Tamiami Trail North
Suite 400
Naples, Florida 34103

Principal Office Address

4851 Tamiami Trail North
Suite 400
Naples, Florida 34103

2. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

2a. Principal Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

3. Date Formed or Registered

12/30/97

3a. Date of Last Report

4. State or Country of Formation

Florida

5a. Capital Contributions as
Shown on record

\$220,000.00

5b. Amount of Capital
Contributions in FLORIDA
to date

\$220,000.00

6. FEI Number

☒ 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

J. Thomas Conroy, III
Morrison & Conroy, P.A.
3838 Tamiami Trail North, Suite 402
Naples, Florida 34103

10. If changed, new Registered Agent/Office

Name

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

Suite, Apt. #, etc.

City

700002412597--6

01/27/98-01015-005

****526. FL ****526.25

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)

Caribbean Apartments at
Pelican Marsh, Inc., a
Florida corporation

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

4851 Tamiami Trail N.
Suite 400

11b. City, State & Zip Code

Naples, Florida 34103

11c. Registration/
Document Number

P97000108957

Handwritten signature and number 1-72

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

DATE 1/6/97

Typed or Printed Name of General Partner Signing Form

Frank P. Potestio, Jr., President
Caribbean Apartments at Pelican

Daytime Telephone Number (941) 649-5200

CR2E003 (6/97)