

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 28 AM 8: 22

mt
1/12



1. Name of Limited Partnership

1a. DOCUMENT #
A98000000475

CHULA VISTA MEDICAL PLAZA EQUITY INVESTORS, LTD.

Mailing Address

3801 PGA BLVD., SUITE 1000
PALM BEACH GARDENS FL 33410

Principal Office Address

3801 PGA BLVD., SUITE 1000
PALM BEACH GARDENS FL 33410

3. Date Formed or Registered

02/20/1998

5a. Capital Contributions as
Shown on record.

\$1,000.00

3a. Date of Last Report

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

4. State or Country of Formation

FL

2. Mailing Address

222 LAKEVIEW AVE.
Suite, Apt. #, etc.
17th FLOOR

City & State

WEST PALM BEACH, FL
Zip Country

33401

2a. Principal Office Address

222 LAKEVIEW AVE.
Suite, Apt. #, etc.
17th FLOOR

City & State

WEST PALM BEACH, FL
Zip Country

33401

6. FEI Number

65-0820930

☐ 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

CHULA VISTA MEDICAL PLAZA EQUITY CORP.
3801 PGA BLVD., SUITE 1000
PALM BEACH GARDENS FL 33410

10. If changed, new Registered Agent/Office

Name

REGSERV CORP.

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

222 LAKEVIEW AVE

Suite, Apt. #, etc.

City

17th FLOOR
WEST PALM BEACH

FL

Zip Code
33401

10a. Pursuant to the provisions of sections 620.1
for the purpose of changing its registered of
agent. I am familiar with, and accept the obl

Patrick J. DiSalvo
Vice President

red under the laws of the State of Florida, submits this statement
heral partner(s). I hereby accept the appointment of registered

SIGNATURE (Registered Agent Accepting Appointment)

Regserv Corp
By:

DATE

12/14/98

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)

CHULA VISTA MEDICAL PLAZA EQ

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

3801 PGA BLVD., SUITE
222 LAKEVIEW AVE.
17th FLOOR

11b. City, State & Zip Code

PALM BEACH GARDENS FL
WEST PALM BEACH, FL
33401

11c. Registration/
Document Number

P9800016860

500002740365--3
-01/13/99-01083--007
****141.25 ****141.25

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

Patrick J. DiSalvo

DATE

12/14/98

Typed or Printed Name of General Partner Signing Form

Vice President

Daytime Telephone Number

561 655-9008

CR2E003 (8/98)