

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

SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 FEB -6 AM 11:14

1. Name of Limited Partnership

1a. DOCUMENT #
A98000000745

THE ITG TAX FREE INCOME & CAPITAL APPRECIATION
FUND, LTD.

Mailing Address

440 LIVINGSTON ROAD
NAPLES FL 34109

Principal Office Address

440 LIVINGSTON ROAD
NAPLES FL 34109

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

03/23/1998

3a. Date of Last Report

4. State or Country of Formation

FL

6. FEI Number

65 0821103

7. Certificate of Status Desired

5a. Capital Contributions as
Shown on record

\$100.00

5b. Amount of Capital
Contributions in FLORIDA
to date

10,000,000.00

☐ Applied For
☐ Not Applicable

\$8.75 Additional
Fee Required

8. Make check payable to Dept. of State (See reverse side for information)

9. Name and Address of Current Registered Agent

CARTER, DANIEL E
440 LIVINGSTON ROAD
NAPLES FL 34109

Name

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

Suite, Apt. #, etc.

City

10. If changed, new Registered Agent Office

FF 526.25

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). Thereby 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

10/16/98

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)

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

11b. City, State & Zip Code

11c. Registration
Document Number

ITG FUND MANAGEMENT, INC.

440 LIVINGSTON ROAD

NAPLES FL 34109

700000026713

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-02/04/99--01001--001
***276.25 ***526.25

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)(b), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(b) 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

10-16-98

Typed or Printed Name of General Partner Signing Form

Daniel E. Carter

Daytime Telephone Number

941 514 4464

CR2E003 (3/98)