FILE ON OR BEFORE APRIL 7, 1999 TO AVOID **REVOCATION AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP **ANNUAL REPORT** 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partnership

DOCUMENT # A98000001623

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SEDONA AT AVILA LIMITED PARTNERSHIP				
Mailing Address 1408 NORTH WESTSHORE BOULEVARD. SUITE 704 TAMPA FL 33607	Principal Office Address 1408 NORTH WESTSHORE BOULEVARD. SUITE 704 TAMPA FL 33607 2a. Principal Office Address		3. Date Formed or Registered 07/02/1998 3a. Date of Last Report	5a. Capital Contributions as Shown on record \$900.00
2. Mailing Address			4. State or Country of Formation	5b. Amount of Capital Contributions in F1 ORIDA to date
Suite, Apt #, etc. City & State	Suite, Apt #, etc City & State		6, FEI Number 59-3540512	☐ Applied For ☐ Not Applicable
Zip Country	Zip Country		7. Certificate of Status Desired	\$8.75 Additional Fee Required State (See reverse side for fee informatic
TALLAHASSEE FL 32301-2525 10a. Pursuant to the provisions of sections 620.1051 and 6 for the purpose of changing its registered office or reg agent. I am familiar with, and accept the obligations of the control of t	istered agent, or both, in the State of Flo	Suite, Apt. #, et. City ned limited partnership organida. Such change was au	anized or regislered under the laws of the dhorized by its general partner(s). I hereb	FL Zip Code State of Floridal submits this statement by accept the appointment of registered
A GENERAL PARTNER THAT I	S A CORPORATION, BE REGISTERED AI	LIMITED PAR	DATE RETNERSHIP OR OTHE ITH THIS OFFICE	R BUSINESS ENTIT
11. Name(s) of General Partner(s)	11a. (Do NO1 Use Post Office B	T	City, State & Zip Code	11c. Registration/ Document Number
L&F SEDONA, INC.	1408 NORTH WESTSHORE		TAMPA FL 33607	P98000057438
			-05/17	876323U /99U1006U1U 26.25 ****526.25
Note: General partners MAY NOT t 12. I do hereby certify that the information supplied with this f from any liability of non-compliance with Section 119.07(iling is voluntarily furnished and does not	qualify for the exemption s	stated in Section 119 07(3)(k), Florida Stat	tules 4 release the Division of Corporation

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 Innited partnership, receiver or trustee empowered to

SIGNATURE

execute this report as required by chapter 620, Florida Statutes

813-636-0444

Daytime Telephone Number