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

A98000001697

LIMITED PARTNERSHIP ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 MAY 13 AM 10:15

1. Name of Limited Partnership

NORTHWIND NANUET 98, LTD.

1a. DOCUMENT #
A 98000001697

Mailing Address / Principal Office Address

331 WINDWARD ISLAND
CLEARWATER, FL 33767

2. Mailing Address
331 WINDWARD ISLAND

Suite, Apt #, etc

City & State
CLEARWATER, FL

Zip 33767 Country USA

2a. Principal Office Address
SAME

Suite, Apt #, etc

City & State

Zip Country

3. Date Formed or Registered
7/14/98

3a. Date of Last Report
7/14/98

4. State or Country of Formation
FL

5a. Capital Contributions as Shown on Record
$ 990.00

5b. Amount of Capital Contributions in FLORIDA to date
$ 990.00

6. FEI Number
59-3524155
☐ 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

GARY HATTENBURG
331 WINDWARD ISLAND
CLEARWATER, FL 33767

10. If changed, new Registered Agent/Office

Name
MARY E. VAN WINKLE
Street Address (P.O. Box Number Is Not Acceptable)
3844 BEE RIDGE ROAD
Suite, Apt # or
SUITE 202
City SARASOTA, FL Zip Code 34233

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 as registered agent. I am familiar with, and accept the obligations of section 620.192 Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) MARY E. VAN WINKLE Mary E. Van Winkle DATE 4/21/99

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.** Business Code Number (Leave Blank)
GARY HATTENBURG	331 WINDWARD ISLAND	CLEARWATER, FL 33767	

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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 [signature] DATE 4-25-99

Typed or Printed Name of General Partner Signing Form GARY HATTENBURG Daytime Telephone Number 727-447-2781