

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 -7 PM 1:40

1. Name of Limited Partnership

1a. DOCUMENT #
A98000001715

MARINERS COVE OF MANATEE COUNTY, LTD.



Mailing Address

Principal Office Address

1111 NORTH WESTSHORE BLVD., NO. 207
TAMPA FL 33607

1111 NORTH WESTSHORE BLVD., NO. 207
TAMPA FL 33607

3. Date Formed or Registered

07/17/1998

3a. Date of Last Report

5a. Capital Contributions as
Shown on record.

\$250,000.00

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

4. State or Country of Formation

FL

2. Mailing Address

400 FRANDERSON CIRCLE

2a. Principal Office Address

400 FRANDERSON CIRCLE

Suite, Apt. #, etc.

Suite 204

Suite, Apt. #, etc.

Suite 204

City & State

Apollo Beach FL

City & State

Apollo Beach FL

Zip

33572

Country

USA

Zip

33572

Country

USA

6. FEI Number

59-3524135

☐

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

HOLDSWORTH, JOHN

1111 NORTH WESTSHORE BLVD., NO. 207

TAMPA FL 33607

10. If changed, new Registered Agent/Office

Name

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

400 FRANDERSON CIRCLE Suite

Suite, Apt. #, etc.

Suite 204

City

Apollo Beach

FL

Zip Code

33572

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)

MARINERS COVE DEVELOPMENT CO

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

1111 NORTH WESTSHORE

11b. City, State & Zip Code

TAMPA FL 33607

11c. Registration/
Document Number

P97000062333

000002707600--9
-12/09/98--01080--012
****535.00 ****535.00

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

John A. Holdsworth

DATE

11/30/98

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

CR2E003 (8/98)