## 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

1. Name of Limited Partnership

**DOCUMENT#** 1a.

## FILED

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C STATE

	A98000001919			SECRETARY OF STATE TALLAHASSEE, FLORIDA			
FLORENCIA PARK, LTD.							
Mailing Address	Principal Office Address			3. Date Formed or Registered	5a. Capita Show	al Contributions as n on record.	
2201 4TH STREET N., STE 200 ST. PETERSBURG FL 33704	2201 4TH STREET N., STE 200 ST. PETERSBURG FL 33704		_	08/12/1998 3a. Date of Last Report	\$7,500.00		
				4. State or Country of Formation	5b. Amount of Capital Contributions in FLORIDA to date:		
2. Mailing Address	2a. Principal Office Address			FL	1,000.00		
Suite, Apt. #, etc.	Suite, Apt. #, etc.			6. FEI Number ☐ Applied For ☐ Not Applicable			
City & State	City & State		_	7. Certificate of Status Desired			
Zip Country	Zip Country				Status Desired \$8.75 Additional Fee Required sayable to: Dept. of State (See reverse side for fee information)		
	<u> </u>				· · · · · · · · · · · · · · · · · · ·		
9. Name and Address of Current Registered Agent		10. If changed, new Registered Agent/Office					
ALLEN, ROBERT L			ee (DO Boy	O. Davidiante de Mad A constabilità			
2201 4TH STREET N., STE 200		Street Address (P.O. Box Number Is Not Acceptable)					
ST. PETERSBURG FL 33704	Suite, Apt. #,						
		City	City FL Zip Code				
Pursuant to the provisions of sections 620.1051 and 620.192, Fforida 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  DATE  DISTRIBUTED DATE  DISTRIBUTED DATE  DISTRIBUTED DATE  DISTRIBUTED DATE  DISTRIBUTED DATE  DESCRIPTION OF THE 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)	11a. Address of Each General	Partner x Numbers)	11b.	City, State & Zip Code	11c.	Registration/ Document Number	
JMC COMMERCIAL DEVELOPMENT, Tak.	2201 4TH STREET N., Ste 200 ST		ST. F	T. PETERSBURG FL 33704 500026: -12/01/9 ****141		8000067896 135 — D 182 — D18 183 — D18 184 — D18	
. <b>.</b>				Al	- NO	y 2 3 1998	
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 fifting 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 eath. 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 - Nobel All Washington DATE 11/3/58							
Typed or Printed Name of General Partner Signing Form LOBORT La NOUSY							