

**LIMITED PARTNERSHIP
ANNUAL REPORT
1999**



A98000002519

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

99 JAN -5 AM 10:59

1. Name of Limited Partnership

1a. DOCUMENT #

A98000002519

Picerne Stratford Point Limited Partnership

Mailing Address

Principal Office Address

3. Date Formed or Registered

11/09/98

5a. Capital Contributions as Shown on record

\$990.00

3a. Date of Last Report

n/a

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

\$990.00

4. State or Country of Formation

Florida

6. FEI Number

59-3540938

☐ 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)

2. Mailing Address

247 N. Westmonte Dr.

Suite, Apt. #, etc.

City & State

Altamonte Springs, FL

Zip Country

32714 USA

2a. Principal Office Address

247 N. Westmonte Dr.

Suite, Apt. #, etc.

City & State

Altamonte Springs, FL

Zip Country

32714 USA

9. Name and Address of Current Registered Agent

**W. Terry Costolo, Esq.
Lowndes, Drosdick, Doster, Kantor & Reed
215 North Eola Drive
Orlando, FL 32801**

10. If changed, new Registered Agent/Office

Name

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

Suite, Apt. #, etc.

City

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). 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)

**Picerne Stratford Point
Development, Inc.**

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

247 N. Westmonte Dr.

11b. City, State & Zip Code

**Altamonte Springs, FL
32714**

**11c. Registration
Document Number**

P98000094833

**900002737419-9
-01/12/99--01007--01
***\$500.00 ***\$150.00**

BK 1/5/99

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

Dwayne Walker

DATE 12/30/98

Typed or Printed Name of General Partner Signing Form

Dwayne Walker, as Vice-President

Daytime Telephone Number 407/772-0200