WILL BE SUBJECT TO REVOCATION AND $600 FLORIDA FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

A98000002520

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 JAN -5 AM 10:56

1. Name of Limited Partnership

1a. DOCUMENT #
A98000002520

Stratford Point Limited Partnership

Mailing Address | Principal Office Address

2. Mailing Address
247 N. Westmonte Dr.
Suite, Apt. #, etc.
City & State
Altamonte Springs, FL
Zip 32714 Country USA

2a. Principal Office Address
247 N. Westmonte Dr.
Suite, Apt. #, etc.
City & State
Altamonte Springs, FL
Zip 32714 Country USA

3. Date Formed or Registered
11/09/98

3a. Date of Last Report
n/a

4. State or Country of Formation
Florida

5a. Capital Contributions as Shown on record.
$990.00

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

6. FEI Number
59-3540942
☐ 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

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

100002737421--3
-01/12/99--01007--01
******600.00 ******150.00

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)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/ Document Number
Picerne Stratford Point Limited Partnership	247 N. Westmonte Dr.	Altamonte Springs, FL 32714	~~P98000094833~~ A98000002519

MK 1/5/99

CR2E003 (8/98)

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

of Picerne Stratford Point Development, Inc., as General Partner of Picerne Stratford Point