

**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**

98 DEC 31 PM 1:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. Name of Limited Partnership

1a. DOCUMENT #  
A98000002769

Summerglen Limited Partnership

Mailing Address

Siemens Ocala Corp.  
4800 North Federal Hwy.  
Suite 202-E  
Boca Raton, FL 33431

Principal Office Address

Same

3. Date Formed or Registered

Dec. 17, 1998

5a. Capital Contributions as  
Shown on record.

\$4,000,000.00

3a. Date of Last Report

Dec. 17, 1998

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

\$2,000,000.00

4. State or Country of Formation

Florida

2. Mailing Address

4800 No. Federal Hwy.

2a. Principal Office Address

4800 No. Federal Hwy.

Suite, Apt. #, etc.

Suite 202-E

Suite, Apt. #, etc.

Suite 202-E

City & State

Boca Raton, FL

City & State

Boca Raton, FL

Zip

33431

Country

USA

Zip

33431

Country

USA

6. FEI Number

65-0882083

☐ 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

Siemens Ocala Corp.  
4800 North Federal Hwy., Suite 202-E  
Boca Raton, FL 33431

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)

*Paul Siemens Pres.*

DATE

12/30/98

**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

Siemens Ocala Corp.

4800 No. Federal Hwy  
Suite 202-E

Boca Raton, FL  
33431

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900002748188--5  
-01/20/99--01086--001  
\*\*\*\*526.25 \*\*\*\*526.25

**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

*Paul Siemens Pres.*

DATE

12/30/98

Typed or Printed Name of General Partner Signing Form

SIEMENS OCALA CORP.

Daytime Telephone Number

561-362-9205

CRZE003 (3/98)