

FILE ON OR BEFORE APRIL 7, 1999 TO AVOID
REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 MAY 13 PM 3:39
CLERK OF THE CLERK
TALLAHASSEE FLORIDA

1. Name of Limited Partnership

1a. DOCUMENT #
A98000002867

SARDONYX III LIMITED PARTNERSHIP

Mailing Address

1520-360 ROYAL PALM SQUARE BOULEVARD
FORT MYERS FL 33919

Principal Office Address

1520-360 ROYAL PALM SQUARE BOULEVARD
FORT MYERS FL 33919

3. Date Formed or Registered

12/28/1998

5a. Capital Contributions as
Shown on record

\$115,000.00

3a. Date of Last Report

5b. Amount of Capital
Contributions in FLORIDA
to date

4. State or Country of Formation

FL

6. Filing Number

65-0885962

☐ 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

PO Box 18805

Suite, Apt. #, etc

City & State

Fort Myers, FL

Zip Country
33901 USA

2a. Principal Office Address

252 First Lake Blvd

Suite, Apt. #, etc

City & State

Daytona Beach, FL

Zip Country
32119 USA

9. Name and Address of Current Registered Agent

GRAVINA, PETER J
1833 HENDRY STREET
FORT MYERS FL 33901

Name

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

Suite, Apt. #, etc

City

FL

Zip Code

10. If changed, new Registered Agent/Office

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)

SARDONYX III, L.C.

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

-1520-360 ROYAL PALM S
448 Old Clearwater Blvd

11b. City, State & Zip Code

FORT MYERS FL 33919

15025

11c. Registration/
Document Number

L98000001680

31000002886413-7
-05/25/99-01074-019
***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

Robert C Lohr

DATE

3/30/99

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number 412 653 1128

CR2E003 (12/98)