

WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

4569-9

**- LIMITED PARTNERSHIP
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
SECRETARY OF STATE
DIVISION OF CORPORATIONS

A98000002894

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

98 DEC 28 PM 3:44

1. Name of Limited Partnership

1a. DOCUMENT #

THE S.A.M. LIMITED PARTNERSHIP OF SARASOTA

Mailing Address

Principal Office Address

P. O. Box 1286
Sarasota, FL 34230

1625 Lodge Drive South
Sarasota, FL 34239

2. Mailing Address

2a. Principal Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

3. Date Formed or Registered

5a. Capital Contributions as Shown on record.

3a. Date of Last Report

\$250,000.00

4. State or Country of Formation

Florida

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

\$250,000.00

6. FEI Number

☒ 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

10. If changed, new Registered Agent/Office

Idelson, Sam A.
1625 Lodge Drive South
Sarasota, FL 34239

Name

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

Suite, Apt. #, etc.

City

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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

IDELSON, Sam A.

1625 Lodge Drive, S Sarasota, FL 34239

N/A

BK 12/28/98

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

DATE

12/18/98

Typed or Printed Name of General Partner Signing Form

Sam A. Idelson

Daytime Telephone Number

941/366-6660