

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  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
99 APR -5 PM 3:30

1. Name of Limited Partnership

1a. DOCUMENT #  
A98000002915

OSPREY COVE HOBE SOUND LIMITED PARTNERSHIP

Mailing Address

222 LAKEVIEW AVE., SUITE 800  
WEST PALM BEACH FL 33401

Principal Office Address

222 LAKEVIEW AVE., SUITE 800  
WEST PALM BEACH FL 33401

3. Date Formed or Registered

12/30/1998

5a. Capital Contributions as  
Shown on record

\$6,000.00

3a. Date of Last Report

N/A

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

4. State or Country of Formation

FL

6. FEI Number

65-0900427

☐ Applied For  
☐ Not Applicable

7. Certificate of Status Desired

X

\$8.75 Additional  
Fee Required

8. Make check payable to Dept. of State (See reverse side for fee information)

2. Mailing Address

2a. Principal Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

334 80

USA

334 80

USA

9. Name and Address of Current Registered Agent

ROSEN, MARVIN  
222 LAKEVIEW AVE., SUITE 800  
WEST PALM BEACH FL 33401

10. If changed, new Registered Agent/Office

Name

A. David Kosoy

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

209 PHIPPS PLAZA

Suite, Apt. #, etc.

City

Palm Beach

FL

Zip Code

33415

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)

A. David Kosoy

DATE

4-1-99

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)

OSPREY COVE FLORIDA, INC.

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

222 LAKEVIEW AVE., SU

11b. City, State & Zip Code

WEST PALM BEACH FL 33

11c. Registration/  
Document Number

P98000107389

800002834978-7  
-04/04/99-01043-007  
\*\*\*\*139.50 \*\*\*\*139.50

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

A. David Kosoy

DATE

4-1-99

Typed or Printed Name of General Partner Signing Form

A. David Kosoy, President

Daytime Telephone Number

(561) 835-1810

CR2E003 (1/2/98)