

FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT
TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 DEC 19 PM 12:53

12/24

1. Name of Limited Partnership

1a. DOCUMENT #
B93000000561

SM-FLORIDA OF MD ASSOCIATES LIMITED PARTNERSHIP

Mailing Address

351 6TH AVENUE WEST
BRADENTON FL 34205

Principal Office Address

C/O STEVEN M. GEVARTER // LEVIN & GANN. PA
2 HOPKINS PLAZA, SUITE 900
BALTIMORE MD 21201

3. Date Formed or Registered

12/20/1993

3a. Date of Last Report

10/09/1996

4. State or Country of Formation

MD

5a. Capital Contributions as
Shown on record.

\$1,250,000.00

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

2. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

2a. Principal Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. FEI Number

52-1855524

☐ 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

HARRISON, G. JOSEPH
1208 MANATEE AVENUE WEST
BRADENTON FL 34205

10. If changed, now Registered Agent/Office

Name

Kimberly L. GRAUS

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

351 6th Avenue West

Suite, Apt. #, etc.

City

Bradenton

FL

Zip Code

34205

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)

Kimberly L. Graus

DATE 11-4-97

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)

SM-FLORIDA, INC.

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

351 6TH AVENUE WEST

11b. City, State & Zip Code

BRADENTON FL 34205

11c. Registration/
Document Number

F93000005588

300002385263-2
-12/30/97-01011-016
***541.25 ***541.25

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

Michael J. Doyle

DATE 11-4-97

Typed or Printed Name of General Partner Signing Form

SM-Florida, Inc.
By Michael J. Doyle, V.P.

Daytime Telephone Number

(941) 747-8788

CR2E003 (6/97)