

**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

SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 APR 16 PM 3:20



1. Name of Limited Partnership

1a. DOCUMENT #
B94000000074

LEHIGH ACRES/FUNDING ASSOCIATES, LTD.

Mailing Address

7 PIEDMONT CENTER
3525 PIEDMONT ROAD, N.E. SUITE 150
ATLANTA GA 30305

Principal Office Address

7 PIEDMONT CENTER
3525 PIEDMONT ROAD, N.E. SUITE 150
ATLANTA GA 30305

3. Date Formed or Registered

03/01/1994

5a. Capital Contributions as
Shown on record

\$50,000.00

3a. Date of Last Report

03/13/1998

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

4. State or Country of Formation

GA

6. FEI Number

58-2093558

☐ 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

SAME

2a. Principal Office Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

9. Name and Address of Current Registered Agent

SCHEU, WILLIAM E ESQ.
200 WEST FORSYTH STREET, SUITE 1600
JACKSONVILLE FL 32202

10. If changed, new Registered Agent/Office

Name

SAME

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)

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)

LEHIGH ACRES/FUNDING G.P., I

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

3525 PIEDMONT ROAD, N

11b. City, State & Zip Code

ATLANTA GA 30305

11c. Registration/
Document Number

F94000001015

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-04/22/99--01096--008
****438.75 ****438.75

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

John H. Gipson

DATE

12/07/98

Typed or Printed Name of General Partner Signing Form

John H. Gipson

Daytime Telephone Number 404-231-1621

CR2E003 (8/98)