

FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP  
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
**Sandra Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

97 JAN -7 PM 12: 51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



1. Name of Limited Partnership

1a. DOCUMENT #  
**B94000000391**

**CAPSTONE OF CAPE CORAL, LTD.**

97-AR  
CM \$526.25-PP

Mailing Address

1000 URBAN CENTER PARKWAY, SUITE 630  
BIRMINGHAM AL 35242

Principal Office Address

CAPSTONE OF CAPE CORAL LTD  
1000 URBAN CENTER PKWY  
BIRMINGHAM AL 35242

3. Date Formed or Registered

10/03/1994

5a. Capital Contributions as  
Shown on record.

**\$836,626.24**

3a. Date of Last Report

01/23/1996

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

836,526

4. State or Country of Formation

AL

2. Mailing Address

1000 Urban Center Drive

2a. Principal Office Address

Suite, Apt. #, etc.

Suite 630

City & State

City & State

Zip

Country

Zip

Country

6. FEI Number

63-1127979

☐ 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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

10. If changed, new Registered Agent/Office

Name

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

300002061733--5

Suite, Apt. #, etc.

-01/17/97--01036--008

City

\*\*\*5228.75 \*\*\*576.25

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)

CAPSTONE CAPITAL OF CAPE COR

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

1000 URBAN CENTER PAR

11b. City, State & Zip Code

BIRMINGHAM AL 35242

11c. Registration/  
Document Number

F94000005005

**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

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

12/30/96  
805-941-2092

CP2E003 (6/96)