

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 #
B94000000391

CAPSTONE OF CAPE CORAL, LTD.

Mailing Address

1000 URBAN CENTER PKWY
SUITE 630
BIRMINGHAM AL 35242

Principal Office Address

1000 URBAN CENTER PKWY
SUITE 630
BIRMINGHAM AL 35242

2. Mailing Address

3310 WEST END AVENUE

2a. Principal Office Address

3310 WEST END AVENUE

Suite, Apt. #, etc.

SUITE 700

Suite, Apt. #, etc.

SUITE 700

City & State

NASHVILLE, TN

City & State

NASHVILLE, TN

Zip

37203

Country

Zip

37203

Country

3. Date Formed or Registered

10/03/1994

3a. Date of Last Report

01/23/1998

4. State or Country of Formation

AL

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)

Suite, Apt. #, etc.

City

0000002834130-3

04/09/99 01004-002

***526.25 ***635.75.05

FL

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-
3310 WEST END AVE.

11b. City, State & Zip Code

-BIRMINGHAM AL 35242-
NASHVILLE, TN 37203

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

4/1/99

Typed or Printed Name of General Partner Signing Form

Fredrick Langreck Senior VP

Daytime Telephone Number (615) 269-8175

2E003 (12/98)