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

SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 DEC 24 PM 12:15

1. Name of Limited Partnership

1a. DOCUMENT # **B95000000079**

EIC-MERRITT ISLAND, LIMITED PARTNERSHIP

Mailing Address
111 E. WAYNE ST., SUITE 500
FORT WAYNE IN 46802

Principal Office Address
111 E WAYNE ST., SUITE 500
FORT WAYNE IN 46802

3. Date Formed or Registered
03/06/1995

3a. Date of Last Report
12/20/1995

4. State or Country of Formation
IN

5a. Capital Contributions as Shown on Record
$1,000.00

5b. Amount of Capital Contributions in FLORIDA to date
-0-

6. FEI Number
35-1945143
☐ Applied For
☐ Not Applicable

7. Certificate of Status Desired ☐ $8.75 Additional Fee Required

8. Make this check payable to Dept. of State (Do not send cash or fee in bar column)

2. Mailing Address
Suite/Apt. #, etc.
City & State
Zip Country

2a. Principal Office Address
Suite/Apt. #, etc.
City & State
Zip Country

9. Name and Address of Current Registered Agent
C T CORPORATION SYSTEM
1200 S. 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
FL Zip Code

500002045575--7
-01/03/97--01158--013
****191.25 ****191.25

10a. Pursuant to the provisions of Section 620.1004 and 620.1007, 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 I accept the obligations of section 620.1007, Florida Statutes.

SIGNATURE of Registered Agent According to 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)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/Document Number
EQUITY INVESTMENT CORP.	~~127 W. BERRY ST., COM~~ 111 E. Wayne Street Suite 500	FORT WAYNE IN 46802	F93000003403

12-30

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 report is true and correct and qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I understand the Division of Corporations, formerly Secretary of State, relies on the accuracy of the information supplied. I understand that the information supplied is deemed exempt from public access. I further certify that the information contained in this report is correct and that the signature below shall have the same legal effect 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 12/9/96

Typed or Printed Name of Person Signing Form George B. Hubes

Daytime Telephone Number (219) 426-4704

CR2E023 (6/96)

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