

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 OCT 27 PM 12:14



1. Name of Limited Partnership

1a. DOCUMENT #
B96000000180

MERRY MAIDS LIMITED PARTNERSHIP

Mailing Address

860 RIDGE LAKE BLVD
MEMPHIS TN 38120

Principal Office Address

860 RIDGE LAKE BLVD
MEMPHIS TN 38120

2. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

2a. Principal Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

3. Date Formed or Registered

05/22/1996

3a. Date of Last Report

02/24/1997

4. State or Country of Formation

DE

6. FEI Number

47-0718233

7. Certificate of Status Desired

☐ Applied For
☐ Not Applicable
\$8.75 Additional
Fee Required

8. Make check payable to: Dept. of State (See reverse side for fee information)

5a. Capital Contributions as
Shown on record.

\$35,365.00

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

35,365.00

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 Accepted)

Suite, Apt. #, etc.

City

800002332778--8
-10/29/97--01092--001

800002332778--8
-10/29/97--01092--002

800002332778--8
-10/29/97--01092--002

800002332778--8
-10/29/97--01092--002

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)

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

11b. City, State & Zip Code

11c. Registration/
Document Number

MERRY MAIDS, INC.

TSSGP LIMITED PARTNERSHIP

860 RIDGE LAKE BLVD.

860 RIDGE LAKE BLVD.

MEMPHIS TN 38120

MEMPHIS TN 38120

F96000002572

B93000000362

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

Michael M. Isakson, President

Daytime Telephone Number

901/766-1291

CR2E003 (6/97)