

**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 FEB 13 PM 12:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



**1.** Name of Limited Partnership

**1a.** DOCUMENT #  
**B96000000220**

**CEENIS INVESTOR FUND, LIMITED PARTNERSHIP**

Mailing Address

C/O AUBURNDALE PROPERTIES, INC.  
372 WASHINGTON STREET, 3RD FLOOR  
WELLESLEY MA 02181

Principal Office Address

C/O CORPORATION TRUST CENTER  
1209 ORANGE STREET  
WILMINGTON DE 19801

**2.** Mailing Address

**2a.** Principal Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**3.** Date Formed or Registered

06/14/1996

**3a.** Date of Last Report

**4.** State or Country of Formation

DE

**6.** FEI Number

04-3317913

☐ 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

**10.** If changed, new Registered Agent/Office

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

Name

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)

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

**11b.** City, State & Zip Code

**11c.** Registration/  
Document Number

CEENIS EQUITIES, L.P.

372 WASHINGTON STREET

WELLESLEY MA 02181

B96000000219

000002091540--1  
-02/13/97--01018--015  
\*\*\*\*\*547.50 \*\*\*\*\*165.00

Dec (cus) 165.00 (new fees)

**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

12/23/96

CR2E003 (6/96)