

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 DEC 17 AM 10:57



1. Name of Limited Partnership

1a. DOCUMENT #  
B96000000340

ORANGE PINE LIMITED PARTNERSHIP

Mailing Address

17 WEST PENNSYLVANIA AVE., SUITE 500  
TOWSON MD 21204

Principal Office Address

17 WEST PENNSYLVANIA AVE., SUITE 500  
TOWSON MD 21204

3. Date Formed or Registered

08/29/1996

3a. Date of Last Report

01/09/1997

4. State or Country of Formation

MD

6. FEI Number

52-1991566

7. Certificate of Status Desired

☐ Applied For  
☐ Not Applicable

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

5a. Capital Contributions  
Show on 12-17-97  
534,000.00

5b. Amount of Capital  
Contributions in FLORIDA  
to date: 534,000.00  
~~484,000.00~~

2. Mailing Address

17 West Pennsylvania Ave  
Suite, Apt. #, etc.  
Suite 500 Attn: Bill Kinnear  
City & State

2a. Principal Office Address

Suite, Apt. #, etc.  
City & State

Zip Country

Zip Country

9. Name and Address of Current Registered Agent

SEXTON, DAVID N ESQ.  
C/O BOND, SCHOENECK & KING, P.A.  
1167 THIRD STREET SOUTH, SUITE 107  
NAPLES FL 33940

10. If changed, new Registered Agent/Office

Name

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

Suite, Apt. #, etc.

City

500002387935-1  
-01/02/98-01011-012  
\*\*\*\*900. PL \*\*\*\*550.00

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

ORANGE PINE, INC.

17 WEST PENNSYLVANIA

TOWSON MD 21204

F96000004447

PS 541.25  
CUS 8.25

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 William H. Kinnear, V.P.

DATE

12/8/97

Typed or Printed Name of General Partner Signing Form

Orange Pine, Inc., G.P.

Daytime Telephone Number

410-296-4800

CR2E003 (6/97)