

**FILE ON OR BEFORE APRIL 8, 1998 TO AVOID
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**

98 FEB 16 PM 4:00



1. Name of Limited Partnership

**1a. DOCUMENT #
B97000000377**

PVP FLORIDA (PARK VIEW PLACE), LIMITED PARTNERSHIP

Mailing Address

6012 JOHNSON CHAPEL ROAD
BRENTWOOD TN 37027

Principal Office Address

3305 WEST END AVENUE
NASHVILLE TN 37203

3. Date Formed or Registered

07/28/1997

**5a. Capital Contributions as
Shown on record.**

\$264,000.00

3a. Date of Last Report

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

264,000

4. State or Country of Formation

TN

2. Mailing Address

2a. Principal Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. FEI Number

62-1684522

☐ 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)

000002435360--9

Suite, Apt. #, etc.

-02/19/98--01066--010

City

*****526.25

Zip Code

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)

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

11b. City, State & Zip Code

**11c. Registration/
Document Number**

EPGC, LLC

6012 JOHNSON CHAPEL R

BRENTWOOD TN 37027

M97000000448

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 *Richard R. Carlson* Secretary - For EPGC, LLC

DATE

2/6/98

Typed or Printed Name of General Partner Signing Form *Richard R. Carlson for EPGC, LLC*

Daytime Telephone Number *(615) 661-4721*

CR2E003 (12/97)