FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1. Name of Limited Partnership

na. DOCUMENT # B97000000419 FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

98 NOV -2 AMII: 19



PIZZUTI\FLORIDA PROPERTIES 1997 LIMITED PARTNERSHIP							
Mailing Address	Principal Office Address		3. Date Fo	3. Date Formed or Registered		5a. Capital Contributions as Shown on record.	
250 E. BROAD STREET, SUITE 1900 COLUMBUS OH 43215	250 E. BROAD STREET, SUITE 1900 COLUMBUS OH 43215		3a. Date o	/1997 of Last Report	\$250,000,00		
				02/16/1998		5b. Amount of Capital Contributions in FLORIDA	
2. Mailing Address	2a. Principal Office Address	4. State or OH	Country of Formation	to date:			
Suite, Apt. #, etc.	Suite, Apt. #, etc.	6. FEI Nur	6. FEI Number 31-158545/6 ☐ Applied For				
City & State	City & State	<u> </u>	AP=PLIED FOR Not Applicable 7. Certificate of Status Desired \$8.75 Additional				
Zip Country	Zip Country		_	Fee Required 8. Make check payable to: Dept. of State (See reverse side for fee information)			
					-45		1
9. Name and Address of Current Registered Agent			10. If changed, new Registered Agent/Office				
SIMBACK, KENNETH P		Name Street Address (P.O. Box Number is Not Acceptable)					
C/O PIZZUTI REALTY 255 SOUTH ORANGE AVE, SUITE 1350		Suite, Apt. #, etc.					
ORLANDO FL 32801							
CREANDO FE 32001		City 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)	Address of Each General F	artner Numbers) 1	1b. City, Sta	te & Zip Code	11c.	Registration/ Document Number	Ī
PIZZUTI EQUITIES, INC.	250 E. BROAD STREET,		COLUMBUS OH 43215		P24689		(80/8)
			Z	2000026 -11/05/: ****526		815421 9801089018 6.25 ****526.25	
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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 filling 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 eyent 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 serful effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee

Daytime Telephone Number

CEAMER

empowered to execute this report as required by chapter 620, Fjerida Statistics

SIGNATURE

Typed or Printed Name of General Partner Signing Form