

JAN-26-1998 16:55

C T CORPORATION

P.02/03

TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
SECRETARY OF STATE
DIVISION OF CORPORATIONSFILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

98 JAN 27 AM 9:38

1. Name of Limited Partnership FLORIDA PENDELTON LIMITED PARTNERSHIP		1a. DOCUMENT # B97000000501	
2. Mailing Address 380 Union St. Ste. 300 West Springfield, MA. 01089		2a. Principal Office Address 380 Union St. Ste. 300 West Springfield, MA. 01089	
3. Date Formed or Registered 9/19/97		5a. Capital Contributions as Shown on record. 1,000.00	
3a. Date of Last Report		5b. Amount of Capital Contributions in FLORIDA to date: 1,000.00	
4. State or Country of Formation MA.		6. FEI Number ☐ 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

**CT 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) _____
Suite, Apt. #, etc. _____
City _____ State **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) Nepsq 1997 Property Inv, Inc.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 380 Union St.	11b. City, State & Zip Code West Springfield, MA. 01089	11c. Registration Document Number F9700010 2164
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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 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 Steven Korn

DATE

1/26/98

Typed or Printed Name of General Partner Signing Form

**Steven Korn, Vice President
of G. Star.**

Daytime Telephone Number **(413) 781-0712**