

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

98 MAR 24 PM 3:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Name of Limited Partnership

1a.

DOCUMENT #
B97000000653

EIG CLEVELAND PLAZA, LIMITED PARTNERSHIP

Mailing Address

111 East Wayne Street
Suite 500
Fort Wayne, Indiana 46802

Principal Office Address

111 East Wayne Street
Suite 500
Fort Wayne, Indiana 46802

3. Date Formed or Registered

12/8/97

5a. Capital Contributions as
Shown on record.

\$990.00

3a. Date of Last Report

N/A

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

\$990.00

4. State or Country of Formation

Indiana

2. Mailing Address

111 East Wayne Street

2a. Principal Office Address

111 East Wayne Street

Suite, Apt. #, etc.

Suite 500

City & State

Fort Wayne, Indiana

Zip

Country

46802

USA

Suite, Apt. #, etc.

Suite 500

City & State

Fort Wayne, Indiana

Zip

Country

46802

USA

6. FEI Number

35-2031697

☐ 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
c/o C T Corporation System
1200 South Pine Island Road
Plantation, Florida 33324

10. If changed, new Registered Agent/Office

Name

N/A

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

6000002469896

Suite, Apt. #, etc.

-03/26/98--0112--005

City

***165.00

FL

***165.00

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)

Equity Investment Corp., an
Indiana corporation qualified
to do business in Florida
under the name of Equity
Investment Corp. of Indiana

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

111 East Wayne Street
Suite 500

11b. City, State & Zip Code

Fort Wayne, IN 46802

11c. Registration/
Document Number

F93000003403

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 March 23, 1998

TODD M. JACOBS, Secretary/Treasurer

of Equity Investment Corp. of Indiana

Daytime Telephone Number

219/426-4704

Typed or Printed Name of General Partner Signing Form

CR2E003 (6/97)