

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

FILED

98 DEC 24 PM 4:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. Name of Limited Partnership

1a. DOCUMENT #

B98000000647

SUNDANCE-TURTLE CREEK LIMITED PARTNERSHIP  
Turtle Creek Limited Partnership

Mailing Address

Principal Office Address

3. Date Formed or Registered

11/5/98

5a. Capital Contributions as  
Shown on record.  
\$600,000

3a. Date of Last Report

11/5/98

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

4. State or Country of Formation

Michigan

2. Mailing Address

400 W. Maple

2a. Principal Office Address

10200 W. Fishbowl Drive

Suite, Apt. #, etc.  
Suite 250

Suite, Apt. #, etc.

6. FEI Number

38-3440909

☐ Applied For  
☐ Not Applicable

City & State  
Birmingham, Michigan

City & State  
Homosassa Springs, Florida

7. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

Zip Country  
48009 USA

Zip Country  
34448 USA

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

9. Name and Address of Current Registered Agent

10. If changed, new Registered Agent/Office

C. Allen Hale  
10200 W. Fishbowl Drive  
Homosassa Springs, Florida 34448

Name

Street Address (P.O. Box Number is not acceptable)

Suite, Apt. #, etc.

City

2888002742912-3

-01/15/99-01006-015

\*\*\*\*526.25 \*\*\*\*526.25

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)

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

11b. City, State & Zip Code

11c. Registration/  
Document Number

Robert B. Bayer

400 W. Maple, #250

Birmingham, MI 48009

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

Robert B. Bayer

DATE 12/16/98

Typed or Printed Name of General Partner Signing Form

Robert B. Bayer

Daytime Telephone Number

(248) 647-2650

CR2ED03 (8/98)