

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

99 MAR -4 PM 3: 36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



1. Name of Limited Partnership

1a. DOCUMENT #
A30602

DUKAS SOUTHEAST LIMITED PARTNERSHIP

Mailing Address

4001 BRITTENFORD DRIVE
VIENNA VA 22182

Principal Office Address

4001 BRITTENFORD DRIVE
VIENNA VA 22182

3. Date Formed or Registered

09/17/1990

5a. Capital Contributions as
Shown on record.

\$315,000.00

3a. Date of Last Report

04/08/1998

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

4. State or Country of Formation

VA

6. FEI Number

54-1588677

☐ 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)

2. Mailing Address

c/o Dukas Properties
527 Maple Ave East
Vienna VA
22180 USA

2a. Principal Office Address

c/o Dukas Properties
527 Maple Ave East
Vienna VA
22180 USA

9. Name and Address of Current Registered Agent

MILLIS, EDWARD
1414 WEST GRANADA BOULEVARD
SUITE 14
ORMOND BEACH FL 32174

10. If changed, new Registered Agent/Office

Name

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

Suite, Apt. #, etc.

City

1414 WEST GRANADA BOULEVARD
SUITE 14
ORMOND BEACH FL 32174

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)

DUKAS LAND INVESTMENTS

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

5207 COTTINGHAM PLACE
c/o Dukas Properties
527 Maple Ave East

11b. City, State & Zip Code

ALEXANDRIA VA
VIENNA, VA 22180

11c. Registration/
Document Number

P31138

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

Typed or Printed Name of General Partner Signing Form

George Dukas

Daytime Telephone Number

252-281-4141

CR2E003 (8/98)