

FILE ON OR BEFORE APRIL 7, 1999 TO AVOID
REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 MAY -3 PM 4: 12

1. Name of Limited Partnership

1a. DOCUMENT #
A23602

M.L. PROPERTIES LTD.



Mailing Address

C/O THE CUSTOM SHOP
401-412 ROUTE 23
FRANKLIN NJ 07416-0327

Principal Office Address

C/O THE CUSTOM SHOP
401-412 ROUTE 23
FRANKLIN NJ 07416-0327

3. Date Formed or Registered

11/18/1986

5a. Capital Contributions as
Shown on record

\$1,000.00

3a. Date of Last Report

11/24/1997

5b. Amount of Capital
Contributions in FLORIDA
to date

4. State or Country of Formation

FL

2. Mailing Address

2a. Principal Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. FEI Number

59-2741474

☐ 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

PARKEY, WILLIAM D.
C/O ISLAND REALTY & PROPERTY MGMT., INC.
139 NORTH COUNTY ROAD, SUITE 26
PALM BEACH FL 33480

10. If changed, new Registered Agent/Office

Name
Corporation Service Company
Street Address (P.O. Box Number Is Not Acceptable)
1201 HAYES ST
Suite, Apt. #, etc.
City Tallahassee FL Zip Code 32301

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)

Laura R. Pugh

DATE

5/3/99

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)

C.S. MIDLAND CORP.

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

402-412 ROUTE 23

11b. City, State & Zip Code

FRANKLIN NJ 07416

11c. Registration/
Document Number

F97000000396

AR - 52.50
ARSA 88.75
GUS 8.75
150.00

500002870155--0
-05/10/99--01140--007
****149.75 ****149.75
B/K
500002870155--0
-05/10/99--01140--008
*****0.25 *****0.25
5/3/99

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

C.S. MIDLAND CORP. GENERAL PARTNER
By Maledon C. C. Secretary

DATE

Feb. 12, 1999

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

CR2E003 (12/98)