FILE L V 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

FILED

| 1. Name of Limited Parthership 1a. DOCUMENT # A28945 SECRETARY OF TALLAHASSEE, F ALHYDER PROPERTIES, LTD. Mailing Address Principal Office Address Principal Office Address 2378 HARBOUR LANDING WAY CASSELBERRY FL 32718 2378 HARBOUR LANDING WAY CASSELBERRY FL 32718 24. State or Country of Formation FL City & State 7. Country Country To | 1999 | DIVISION OF | F CORPORATIONS | CONTR | 10 PM 1- 20 | |
|--|---|---|--|---|---|--|
| ALHYDER PROPERTIES, LTD. Mailing Address | 1. Name of Limited Partnership | | | | 98 DEC 18 PM 4: 30 SECRETARY OF STATE TALLAHASSEE, FLORIDA | |
| 2978 HARBOUR LANDING WAY CASSELBERRY FL 32718 2. Mailing Address 3. Date of cast Report 12/26/1997 4. State or Country of Formation FL City & State City & State City & State 7. Cartificate Desired 9. Name and Address of Current Registered Agent 1. Mailing Address of Status Desired 9. Name Address of Current Registered Agent Name Name Name Name Name Name Name Street Address (P.O. Box Number is Not Acceptable) Street Address of Carrent Partner Carrent in familiar with, and accept the obligations of section 620.192, Florida Statutes. SIGNATURE (Registered Agent Accepting Appointment) A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSIN MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NEMAZIE, ALI ASGHAR 2978 HARBOUR LANDING Nemazie, Ali Asgenal Bacteries (D. Indeed Statutes) 110. Oldo, State & 2p Occe 1110. Nemazie, Ali Asgenal Bacteries (D. Indeed Statutes) Note: General partners MAY NOT be changed on this formation acceptable of Section 1907(7), Florida Statutes. Note: General partners and Address of Carrent and Add | ALHYDER PROPERTIES, L' | | | | | |
| 2978 HARBOUR LANDING WAY CASSELBERRY FL 32718 2. Mailing Address 3. Lots of Castification of Status Desiration FL City & State 2. City & State 2. City & State 2. Country 2. Country 2. Country 3. Make dread, payable to Dept. of State (See revort 9. Name and Address of Current Registered Agent 1. Maine Name Name Name Name Streat Address (P.O. Box Number is Not Acceptable) Streat Address of Cash Country FL 10. It charges was authorized by its general partner(s). I heady accept the expenses of the purples of changing is registered office or registered agent, or both, in the State of Florids. Such change was authorized by its general partner(s). I heady accept the expenses of the purples of changing is registered office or registered agent or registered agent or registered office or registered agent or registered age | Mailing Address | Principal Office Address | - | 3. Date Formed or Registered | 5a. Capital Contributions as Shown on record. | |
| 2. Mailing Address 2. Principal Office Address Sulte, Apt. #, etc. 10, If changed, new Registered Agent One of State (See revert Benefit State) Name NEMAZIE, ALI ASGHAR 278 HARBOUR LANDING WAY CASSELBERRY FL 32707 Sulte, Apt. #, etc. City Sulte, Apt. #, etc. City FL 10a, Pursuent to the provisions of sections 620, 1031 and 620, 192, Florida Statutes, the above-named limited pertnership organized or registered under the laws of the State of Florida. Such change was authorized by its general periner(s). I hereby accept the appraent. In minimar with, and accept the obligations of section 80, 192, Florida Statutes. SIGNATURE (Registered Agent Accepting Appointment) A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSIN MUST BE REGISTERED AND A CTIVE WITH THIS OFFICE. 11. Name(s) of General Partner(s) 11a. (Do NOT Use Pest Office Box Numbers) NOTE: CASSELBERRY FL 4. CIDIOL 2 2 2 2 2 2 2 2 2 2 | | | Υ | 3a. Date of Last Report | \$600.00 | |
| Soite, Apt. #, etc. City & State To Country Country Country Zip Country Zip Country Zip Country To Country A Make critect, payable to: Dept. of State (See revent Registered Agent) Name Name Name Name Name Name Name Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. | | | | - | 5b. Amount of Capital Contributions in FLORIDA to date: | |
| Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. | 2. Mailing Address | 2a. Principal Office Address | 2a. Principal Office Address | | | |
| To Country Zip Country Zip Country Zip Country To Country Registered Agent To Country | | | | | Applied For | |
| 9. Name and Address of Current Registered Agent 10. If changed, new Registered Agent/Office NEMAZIE, ALI ASGHAR 2978 HARBOUR LANDING WAY CASSELBERRY FL 32707 Suite, Apt. 8, etc. City FL 10.a., 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. Such change was authorized by its general partner(s), I hereby accept the appragent, I am familiar with, and accept the obligations of section 620,192, Florida Statutes. SIGNATURE (Registered Agent Accepting Ageniment) A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSIN MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. 11. Name(s) of General Partner(s) 11a. Address of Each General Partner (b) NoT Use Post Office 80x Numbers NEMAZIE, ALI ASGHAR 2978 HARBOUR LANDING CASSELBERRY FL -12/30/98011 ********************************* | City & State | City & State | | | <u>_</u> | |
| Name 2978 HARBOUR LANDING WAY CASSELBERRY FL 32707 Total 10a. Pursuant to the provisions of sections 620.1051 and 620.192. Florida Statutes, the above-named limited pertnership organized or registered under the laws of the State of Florida. Such change was authorized by its general pertner(s). I hereby accept the appragent. I am familiar with, and accept the obligations of section 620.192. Florida Statutes. SIGNATURE (Registered Agent Accepting Appointment) A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSIN 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) NEMAZIE, ALI ASGHAR 2978 HARBOUR LANDING CASSELBERRY FL 4 10 10 2 7 5 5 12 7 30 7 98 - 0 11 ******** 1 4 2 5 0 3 | Zip Country | Zip | Country | 8. Make check payable to: Dept. of | Fee Required | |
| Name 2978 HARBOUR LANDING WAY CASSELBERRY FL 32707 Total 10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited permership organized or registered under the laws of the State of Florida. Such change was authorized by its general permer(s). I hereby accept the appragent. 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 BUSIN 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) NEMAZIE, ALI ASGHAR 2978 HARBOUR LANDING CASSELBERRY FL 4 10 10 10 2 7 5 5 12 7 30 7 98 - 0 11 ******* 1 4 2 5 0 3 | 9 Name and Address of C | Current Registered Agent | | 10. If changed, new Registered | d Agent/Office | |
| 2978 HARBOUR LANDING WAY CASSELBERRY FL 32707 Suite, Apt. #, etc. City FL 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. Such change was suthorized by its general partner(s). I hereby accept the appraignent, 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 BUSIN 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) NEMAZIE, ALI ASGHAR 2978 HARBOUR LANDING CASSELBERRY FL 4 0 0 0 2 3 3 4 4 5 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 | NEMAZIE, ALI ASGHAR 2978 HARBOUR LANDING WAY | | Name | | | |
| CASSELBERRY FL 32707 Suite, Apt. #, etc. City FL 10a. Pursuant to the provisions of sections 620.1051 and 620.192. Florida Statutes, the above-named limited pertnership organized or registered under the laws of the State of Florida. 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 appragent, I am familiar with, and accept the obligations of section 620.192. Florida Statutes. SIGNATURE (Registered Agent Accepting Appointment) A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSIN MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. 11. Name(s) of General Partner(s) 11a. Address of Each General Partner 11b. City, State & Zip Code 11c. NEMAZIE, ALI ASGHAR 2978 HARBOUR LANDING CASSELBERRY FL 4 11 11 12 13 13 14 14 15 15 15 15 15 15 15 15 15 15 15 15 15 | | | Street Address (P.O. Box Number Is Not Acceptable) | | | |
| Total Pursuant to the provisions of sections 520.1051 and 620.192, Florida Statutes, the above-named limited pertnership organized or registered under the laws of the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appragent. 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 BUSIN MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. 11. Name(s) of General Partner(s) 11a. Address of Each General Partner (no Not Use Post Office Box Numbers) NEMAZIE, ALI ASGHAR 2978 HARBOUR LANDING CASSELBERRY FL 4 10 10 2 7 25 2 12 25 25 25 25 25 25 25 25 25 25 25 25 25 | | | Suite, Apt. #, etc. | | | |
| 10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited pertinership organized or registered under the laws of the State of Florida. Such change was authorized by its general pertiner(s). I hereby accept the appragent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes. SIGNATURE (Registered Agent Accepting Appointment) A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSIN MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. 11. Name(s) of General Partner(s) 11a. Address of Each General Partner 11b. City, State & Zip Code 11c. NEMAZIE, ALI ASGHAR 2978 HARBOUR LANDING CASSELBERRY FL 41010127383—011 ********************************** | · · · · · · · · · · · · · · · · · · · | | City | | Zip Code | |
| 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. NEMAZIE, ALI ASGHAR 2978 HARBOUR LANDING CASSELBERRY FL -12/30/93011 ******14 25 Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a get 12. Ido 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 Corporations from any liability of non-compilance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the in this annual report is true and accurate and that my signature shall have the same legal effects as if made under cath. I further certify that I am a General Partner of the limited partner | for the purpose of changing its registered off agent. I am familiar with, and accept the obli SIGNATURE (Registered Agent Accepting Appointme | fice or registered agent, or both, in the State of F gations of section 620.192, Florida Statutes. | florida. Such change was | authorized by its general partner(s). I hereby | y accept the appointment of registered | |
| NEMAZIE, ALI ASGHAR 2978 HARBOUR LANDING CASSELBERRY FL 4000027262 -12/30/9301i *****14/25 Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a get 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 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 in this annual report is true and accurate and that my signature shall have the same legal effects as if made under cath. I further certify that I am a General Partner of the limited partner. | | | | | Doctotrotical | |
| 12. I do hereby certify that the information supplied with this filling is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release 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 in 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 partner. | NEMAZIE, ALI ASGHAR | | | 400002 | 7262647 /9801053001/ 4/.25 ()****141(25 | |
| 12. I do hereby certify that the Information supplied with this filling is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release 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 in this annual report is true and accurate and that my signature shall have the same legal effects as if made under cath. I further certify that I am a General Partner of the limited partner. | Note: General partners MAY N | NOT be changed on this fo | rm; an amend | ment must be filed to cha | Inge a general partner. | |
| Cloud Time - Clarena is | 12. I do hereby certify that the information supplied Corporations from any liability of non-compliand this annual report is true and accurate and that empowered to execute this report as required by | with this filing is voluntarily furnished and does be with Section 119.07(3)(k) in the event that the my signature shall have the same legal effects a by chapter 620, Florida Statutes. | not qualify for the exemp | tion stated in Section 119.07(3)(k), Florida St leemed exempt from public access. I further urther certify that I am a General Partner of t | ratutes. I release the Division of certify that the information indicated on the limited partnership, receiver or trustee | |
| SIGNATURE DATE 12:03 Typed of Printed Name of General Partner Strains Form ALL A: NEMAZIE Daving Telephone Nimber (407) 67 | SIGNATURE | 4 | | DATE | 12.03.98 | |