

**FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

FILED

97 JAN 27 PM 1:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED PARTNERSHIP
ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
and
Secretary of State
DIVISION OF CORPORATIONS

A94000001583

1. Name of Limited Partnership

1a. DOCUMENT #
A94000001583

Thomas L. & Deborah W. Altman
Family Limited Partnership

47-AR
CM

Mailing Address Principal Office Address

1000 NE Second Street
Belle Glade, Florida 33430 -Same-

2. Mailing Address 2a. Principal Office Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

3. Date Formed or Registered
11-23-94

5a. Capital Contributions as
Shown on record
\$1,754,718.00

3a. Date of Last Report
12-28-95

5b. Amount of Capital
Contributions in FLORIDA
to date
\$1,754,718.00

4. State or Country of Formation
Florida

6. FEI Number
65-0537590 ☐ 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

John E. Baker
257 Southeast Avenue E.
Belle Glade, Florida 33430

10. If changed, new Registered Agent/Office

Name
E. J. McCroan

Street Address (P.O. Box Number is Not Acceptable)
P. O. Box 2076 - 651 N.W. 9th STREET

Suite, Apt. #, etc.

City Belle Glade FL Zip Code 33430

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) *E. J. McCroan* DATE 12-11-96

**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
Thomas L. Altman Deborah W. Altman	1000 NE Second St. 1000 NE Second St.	Belle Glade, Fl. Belle Glade, Fl.	

400002077844--1
-02/05/97--01024--004
****576.25 ****576.25

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 *Thomas L. Altman* DATE 12/18/96

Typed or Printed Name of General Partner Signing Form: Thomas L. Altman Daytime Telephone Number 561-996-0404

CR2E003 (6/96)