

FILE ONLINE 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  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

98 DEC 21 AM 10:47

1. Name of Limited Partnership  
**1a. DOCUMENT #  
A95000001153**

**BISANZ FAMILY LIMITED PARTNERSHIP**



012/31

Mailing Address C/O LEONARD W. BISANZ 715 WILLOWOOD LANE NAPLES FL 34108	Principal Office Address C/O LEONARD W. BISANZ 715 WILLOWOOD LANE NAPLES FL 34108	3. Date Formed or Registered 07/28/1995	5a. Capital Contributions as Shown on record. \$1,000,000.00
2. Mailing Address	2a. Principal Office Address	3a. Date of Last Report 12/31/1997	5b. Amount of Capital Contributions in FLORIDA to date: 1,000,000
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. State or Country of Formation FL	6. FEI Number 65-0600056 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
City & State	City & State	7. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip Country	Zip Country	8. Make check payable to: Dept. of State (See reverse side for fee information)	

9. Name and Address of Current Registered Agent KELLY, CHARLES M JR. 2640 GOLDEN GATE PKWY. STE. 315 NAPLES FL 34105-3203	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code
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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
BISANZ, LEONARD W	715 WILLOWOOD LANE	NAPLES FL 34108	400002730664--2 -01/05/99--01070--013 ***526.25 ***526.25
BISANZ, HELEN C	715 WILLOWOOD LANE	NAPLES FL 34108	

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 Leonard W. Bisanz DATE Dec 16<sup>th</sup> 1998  
Typed or Printed Name of General Partner Signing Form LEONARD W BISANZ Daytime Telephone Number (941) 598-9258

CR2E003 (8/98)