

**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
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**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

98 DEC 22 AM 11:46

1. Name of Limited Partnership OETZMAN FAMILY LIMITED PARTNERSHIP	1a. DOCUMENT # A96000001157
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Mailing Address 1071 FAIRVIEW LANE RIVIERA BEACH FL 33404	Principal Office Address 1071 FAIRVIEW LANE RIVIERA BEACH FL 33404	3. Date Formed or Registered 06/17/1996	5a. Capital Contributions as Shown on record. \$3,000,000.00
		3a. Date of Last Report 12/10/1997	5b. Amount of Capital Contributions in FLORIDA to date:
2. Mailing Address	2a. Principal Office Address	4. State or Country of Formation FL	6. FEI Number 65-0670911
Suite, Apt. #, etc.	Suite, Apt. #, etc.		☐ Applied For ☐ Not Applicable
City & State	City & State	7. Certificate of Status Desired	☐ \$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 OETZMAN, BARBARA W 1071 FAIRVIEW LANE RIVIERA BEACH FL 33404	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City
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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) OETZMAN, BARBARA W	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 1071 FAIRVIEW LANE	11b. City, State & Zip Code RIVIERA BEACH FL 3340	11c. Registration/Document Number 400002737384--0 -01/11/99--01142--024 *****526.25 *****526.25
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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

Barbara W. Oetzman

DATE 12-14-98

Typed or Printed Name of General Partner Signing Form

BARBARA W. OETZMAN

Daytime Telephone Number

561 848 0496

CR2E003 (8/88)