FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND $500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
97 DEC 26 PM 3:08

1. Name of Limited Partnership

PROCACCI FINANCIAL GROUP, LTD.

1a. DOCUMENT # A23815

90117

Mailing Address	Principal Office Address
~~255 NW 12 AVE.~~	~~255 NW 12 AVE.~~
~~DEERFIELD BEACH FL 33442~~	~~DEERFIELD BEACH FL 33442~~

3. Date Formed or Registered: 12/17/1986
3a. Date of Last Report: 12/09/1996
4. State or Country of Formation: FL
5a. Capital Contributions as Shown on record: $7,089,836.00
5b. Amount of Capital Contributions in FLORIDA to date: 7,089836.00

2. Mailing Address	**2a.** Principal Office Address
5082 COCONUT CREEK PKWY	5082 COCONUT CREEK PKWY
Suite, Apt. #, etc.	Suite, Apt #, etc.
City & State: MARGATE FL	City & State: MARGATE FL
Zip: 33063 Country: USA	Zip: 33063 Country: USA

6. FEI Number: 59-2753265 ☐ 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

PROCACCI, PHILIP J.
~~255 NW 12 AVE.~~
~~DEERFIELD BEACH FL 33442~~

10. If changed, new Registered Agent/Office

Name
Street Address (P.O. Box Number Is Not Acceptable): 5082 COCONUT CREEK PARKWAY
Suite, Apt. #, etc.
City: MARGATE FL Zip Code: 33063

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) X _____ DATE 12/22/97

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
PROCACCI COMMERCIAL REALTY	~~255 NW 12 AVE~~ 5082 COCONUT CREEK PARKWAY	~~DEERFIELD BEACH FL~~ MARGATE, FL 33063	K16732

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****550.00 ****550.00

CR2E003 (6/97)

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 X _____ DATE 12/22/97

Typed or Printed Name of General Partner Signing Form: PHILIP J. PROCACCI Daytime Telephone Number: 954-979-5082