

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

FILED  
OCT -9 AM 9:01

1. Name of Limited Partnership

1a. DOCUMENT #  
A29881

BRESSON FAMILY LIMITED PARTNERSHIP

99-AR  
CM



Mailing Address

897 WABASH COURT  
CLAREMONT CA 91711

Principal Office Address

280 W. CANTON AVENUE, SUITE 300  
WINTER PARK FL 32790

3. Date Formed or Registered

03/29/1990

5a. Capital Contributions as  
Shown on record.

\$423,352.23

3a. Date of Last Report

06/09/1998

5b. Amount of Capital  
Contributions in FLORIDA  
to date: SAND  
423,352.23

4. State or Country of Formation

FL

2. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

2a. Principal Office Address

280 W. CANTON AVE

Suite, Apt. #, etc.

SUITE 210

City & State

WINTER PARK FL

Zip

Country

32790

USA

6. FEI Number

59-3002920

☐ 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

HARRY FLOYD  
280 W. CANTON AVENUE, SUITE 210  
WINTER PARK FL 32790

10. If changed, new Registered Agent/Office

Name

SAND

Street Address (P.O. Box Number is Not Acceptable)

280 W. CANTON AVE

Suite, Apt. #, etc.

SUITE 210

City

WINTER PARK

FL

Zip Code

32790

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)

BRESSON, VICTOR LEE

BRESSON, GLORIA FAY

11a. Address of Each General Partner  
(Do NOT Use Post Office Box Numbers)

897 WABASH COURT

897 WABASH COURT

11b. City, State & Zip Code

CLAREMONT CA 91711

CLAREMONT CA 91711

11c. Registration/  
Document Number

400002663184--2  
-10/14/98--01020--017  
\*\*\*526.25 \*\*\*526.25

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

Gloria Fay Bresson

DATE

9/30/98

Typed or Printed Name of General Partner Signing Form

GLORIA FAY BRESSON

Daytime Telephone Number

(909) 624-1353

CR2E003 (8/98)