

LIMITED PARTNERSHIP
ANNUAL REPORT
1999



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

99 JAN 19 PM 2:01

TALLAHASSEE, FLORIDA



1a. DOCUMENT #
A10514

LANDMARK ASSOCIATES, LTD.

Principal Office Address

6715 S.W. 35TH WAY
GAINESVILLE FL 32608

5a. Capital Contributions as Shown on record

\$1,035,000.00

01/12/1998

5b. Amount of Capital Contributions in FFL (RCA) to date:

4. State or Country of Formation

FL

6. FFI NUMBER

59-21784-14

☒ Applied For
☐ Not Applicable

7. Certificate of Status Desired

\$8.75 Additional
Fees Estimated

8. Make check payable to Dept. of State (See reverse side for full instructions)

9. Name and Address of Current Registered Agent

LONDONO, J.H.
6715 S.W. 35TH WAY
GAINESVILLE, FL FL 32608

Name: _____

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

Suite, Apt #, etc.

City

FL Zip Code

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

LONDONO, JACK

106 SW 10TH ST

GAINESVILLE FL

01/23/20 01003-000
****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

DATE _____

Typed or Printed Name of General Partner Signing Form: _____

Daytime Telephone Number:

18070-200365