

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 10 PM 12:26

with
12/11



1. Name of Limited Partnership

1a. DOCUMENT #
A15789

KIRKMAN/CONROY LTD.

Mailing Address

C/O ROBERT CRAIG REALTY
~~5750 MAJOR BLVD. #250~~
ORLANDO FL 32819

Principal Office Address

C/O ROBERT CRAIG REALTY
5750 MAJOR BLVD. #250
ORLANDO FL 32819

3. Date Formed or Registered

11/29/1983

5a. Capital Contributions as
Shown on record.

\$350,000.00

3a. Date of Last Report

12/26/1996

5b. Amount of Capital
Contributions in FLORIDA
to date

4. State or Country of Formation

FL

6. FEI Number

76-0097925

☐ 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)

2. Mailing Address

9162 BAY POINT DR.
Suite, Apt. #, etc.
ORLANDO, FL.
City & State
32819 USA
Zip Country

2a. Principal Office Address

Suite, Apt. #, etc.
City & State
Zip Country

9. Name and Address of Current Registered Agent

CRAIG, ROBERT T.
5750 MAJOR BLVD.
SUITE 250
ORLANDO, FL FL 32819

10. If changed, now Registered Agent/Office

Name
CRAIG, ROBERT T.
Street Address (P.O. Box Number Is Not Acceptable)
9162 BAY POINT DR.
Suite, Apt. #, etc.
City
ORLANDO
FL
Zip Code
32819

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 620.402, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

Robert T. Craig

DATE 12-1-97

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)

CHAO, ALBERT

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

2801 POST OAK BLVD, # 600

11b. City, State & Zip Code

HOUSTON TX 77056

11c. Registration/
Document Number

400002371214--0
-12/12/97--01105--012
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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

Albert Chao

DATE

12/2/97

Typed or Printed Name of General Partner Signing Form

Albert Chao

Daytime Telephone Number

713-960-9111

CR2E003 (6/97)