

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

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED PARTNERSHIP ANNUAL REPORT 1998			FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
1. Name of Limited Partnership TUGBOAT, LTD.		1a. DOCUMENT # A17396		
Mailing Address 672 POINSETTIA ROAD. #9 BELLEAIR FL 34616		Principal Office Address 672 POINSETTIA ROAD. #9 BELLEAIR FL 34616		
2. Mailing Address Suite, Apt. #, etc. City & State Zip Country		2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country		



3. Date Formed or Registered 07/05/1984	5a. Capital Contributions as Shown on record. \$3,400.00
3a. Date of Last Report 12/26/1996	
4. State or Country of Formation FL	5b. Amount of Capital Contributions in FL ORIDA to date 3,400.00
6. FID Number 59-2421984	☐ 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 ILEY, JACQUELINE H 672 POINSETTIA ROAD #9 BELLEAIR FL 34616	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code
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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) ILEY, JACQUELINE H TRUSTEE	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 672 POINSETTIA ROAD,	11b. City, State & Zip Code BELLEAIR FL 34616	11c. Registration/Document Number 600002401926--1 -01/15/98--01090--005 *****191.25 *****191.25 600002401926--1 -01/15/98--01090--006 *****8.75 *****8.75
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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 effect 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

Jacqueline H. Iley
JACQUELINE H. ILEY

DATE

11-24-97

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

(813) 584-2324

CS25003 (6/97)