

FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

FILED

98 SEP 17 PM 1:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED PARTNERSHIP
ANNUAL REPORT
1999



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

1. Name of Limited Partnership

1a. DOCUMENT #
A18701

EAST COAST FUNDING, LTD.



Mailing Address

P.O. BOX 3000
STUART FL 34995

Principal Office Address

~~3824 SE DIXIE HIGHWAY~~
STUART FL ~~34997~~

3. Date Formed or Registered

12/31/1984

3a. Date of Last Report

10/10/1997

4. State or Country of Formation

FL

5a. Capital Contributions as
Shown on record.

\$2,000.00

5b. Amount of Capital
Contributions in FLORIDA
to date:

2. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

2a. Principal Office Address

789 S. Federal Hwy.

Suite, Apt. #, etc.

Suite #304

City & State

Stuart, FL

Zip

34994

Country

6. FEI Number

59-2469144

☐ 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

CHRISTENSON, NEILS P
3824 SE DIXIE HIGHWAY
STUART FL 33995

10. If changed, new Registered Agent/Office

Name

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

789 S. Federal Hwy.

Suite, Apt. #, etc.

Suite #304

City

Stuart,

FL 34994

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 9/15/98

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)

CHRISTENSON, NEILS P
CHRISTENSON & ASSOCIATES. MO

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

789 S. Federal Hwy #304
~~3824 SE DIXIE HWY~~
789 S. Federal Hwy #304
~~3824 SE DIXIE HWY~~

11b. City, State & Zip Code

STUART FL
STUART FL

11c. Registration/
Document Number

G70674

800002645728-0
-09/22/98-01039-002-0
****141.25 ****141.25

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 9/15/98

Typed or Printed Name of General Partner Signing Form Neils P. Christenson

Domestic Telephone Number 561-287-3100

CR2E003 (8/98)