

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  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
98 DEC 22 PM 3:49

1. Name of Limited Partnership

1a. DOCUMENT #  
A23305

O.P.S. OF ALTAMONTE, LTD.



Mailing Address

1230 E. HILLCREST STREET, SUITE 104  
ORLANDO FL 32803

Principal Office Address

1230 E. HILLCREST STREET, SUITE 104  
ORLANDO FL 32803

3. Date Formed or Registered

09/25/1986

3a. Date of Last Report

12/16/1997

4. State or Country of Formation

FL

5a. Capital Contributions as  
Shown on record.

\$236,000.00

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

2. Mailing Address

501 S. New York Ave

2a. Principal Office Address

501 S. New York Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Winter Park, FL

City & State

Winter Park, FL

Zip

Country

32789 US

Zip

32789

Country

US

6. FEI Number

59-2728007

☐ 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

HOLD THYSSEN, INC.  
1230 HILLCREST STREET, SUITE 105  
ORLANDO FL 32803

10. If changed, new Registered Agent/Office

Name same (Hold Thyssen, Inc.)

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

501 S. New York Avenue

Suite, Apt. #, etc.

City

Winter Park

FL

Zip Code

32789

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

ORIENTA, INC.

IDELBERGER, GERT DR.

1230 E. HILLCREST STR

HAUNSBURG STR. 33

ORLANDO FL 32803

D-83395 FREILASSING,

J33490

300002735733--1  
-01/08/99--01124--010  
\*\*\*\*535.00 \*\*\*\*535.00

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

12/16/98

Typed or Printed Name of General Partner Signing Form

Robert A. Hold, Agent for Orienta

Daytime Telephone Number

407 896 0800

CR2E003 (8/98)