

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 M. Miller  
Secretary of State  
DIVISION OF CORPORATIONS

1a. DOCUMENT #  
A23431

ALDERMAN ASSOCIATES, LTD.

Mailing Address

P.O. BOX 41847  
ST. PETERSBURG FL 33743

Principal Office Address

5858 CENTRAL AVENUE  
ST. PETERSBURG FL 33743

2. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

2a. Principal Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

33707

3. Date Formed or Registered

10/14/1986

3a. Date of Last Report

02/27/1997

5a. Capital Contributions as  
Shown on record.

\$61,980.00

12/26/97-01014-019

\*\*\*\*754.40 \*\*\*\*550.00

Amount of Capital Contributions in Cash to date:

\$91,180.00

4. State or Country of Formation

FL

6. FEI Number

59-2729451

☐ 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

ALDERMAN CENTERS INC..  
5858 CENTRAL AVE.  
ST. PETERSBURG FL 33707

10. If changed, new Registered Agent/Office

Name

Sher, Craig H.

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

5858 Central Avenue

Suite, Apt. #, etc.

City

St. Petersburg,

State

FL

Zip Code

33707

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 12/10/97

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)

ALDERMAN CENTERS, INC.

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

5858 CENTRAL AVE.

11b. City, State & Zip Code

ST. PETERSBURG FL 33707

11c. Registrar's  
Document Number

P93000088822

300002382923-4

12/26/97-01014-019

\*\*\*\*754.40 \*\*\*\*550.00

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 12/10/97

Typed or Printed Name of General Partner Signing For

Craig Sher, President

Daytime Telephone Number

813-384-6000

FILED

97 DEC 15 PM 2:20

SECRETARY OF STATE  
TALLAHASSEE FLORIDA



CP2E003 (5/97)