

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

99 JAN -4 PM 2: 23

1. Name of Limited Partnership

1a. DOCUMENT #
A23485

UNIVEST PARTNERS, L.P., LTD.



Mailing Address

Principal Office Address

P.O. BOX 3600
JUPITER FL 33468
US

14225 US HWY ONE
SUITE 229
JUNO BEACH FL 33408
US

3. Date Formed or Registered

10/24/1986

5a. Capital Contributions as
Shown on record.

\$200,000.00

3a. Date of Last Report

03/09/1998

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

4. State or Country of Formation

FL

6. FEI Number

59-2779713

☐ 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

149 West Village Way
Suite, Apt. #, etc.

2a. Principal Office Address

149 West Village Way
Suite, Apt. #, etc.

City & State

Jupiter FL
Zip Country
33458 US

City & State

Jupiter FL
Zip Country
33458 US

9. Name and Address of Current Registered Agent

GERARDI, FRANK

102 N. VILLAGE WAY
JUPITER FL 33468

10. If changed, new Registered Agent/Office

Name

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

149 West Village Way
Suite, Apt. #, etc.

City

Jupiter

FL

Zip Code

33458

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

UNIVEST MGMT., INC.

102 N. VILLAGE WAY

JUPITER FL

J38140

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-01/22/99--01085--014
****526.25 ****526.25

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 12-30-98

Typed or Printed Name of General Partner Signing Form

Frank Gerardi

Daytime Telephone Number 5617487230

CR2E003 (8/98)