

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

99 JAN 25 PM 1:35

FILED
TALLAHASSEE, FLORIDA



1. Name of Limited Partnership

1a. DOCUMENT #
A25661

TREE BROTHERS LIMITED

Mailing Address

11061 INDIANTOWN ROAD
JUPITER FL 33478

Principal Office Address

11061 INDIANTOWN ROAD
JUPITER FL 33478

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

12/21/1987

3a. Date of Last Report

05/13/1998

4. State or Country of Formation

FL

6. FID Number

65-0110746

7. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

8. Make check payable to: Dept. of State (two new checks for fee if formation)

5a. Capital Contributions as Shown on record

\$40,986.00

5b. Amount of Capital Contributions in FID (FID to date)

☐ Applied For
☐ Not Applicable

9. Name and Address of Current Registered Agent

THOMAS, PAUL A.
11061 INDIANTOWN ROAD
JUPITER FL 33478

10. If changed, new Registered Agent/Office

Name

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

Suite, Apt. #, etc.

City

THOMAS, PAUL A.
11061 INDIANTOWN ROAD
JUPITER FL 33478
***375.05 ***375.05
FL Zip Code

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

THOMAS, PAUL A.

11061 INDIANTOWN ROAD

JUPITER FL 33478

THOMAS, STEPHEN A.

1616 SE COLONY WAY

JUPITER FL 33478

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)(b), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(b) 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

Paul A. Thomas

Typed or Printed Name of General Partner Signing Form

Paul A. Thomas

DATE

1/21/99
(561) 744-6886

Daytime Telephone Number

CR02003 (9/98)