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
99 JUN 10 PM 4:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Name of Limited Partnership

MAGUIRE CHILDREN, LTD.

1a. DOCUMENT # **A28861**

Mailing Address	Principal Office Address
PO BOX 633 ORLANDO FL 32802	PO BOX 633 ORLANDO FL 32802

3. Date Formed or Registered
09/06/1989

3a. Date of Last Report
12/23/1997

4. State or Country of Formation
FL

5a. Capital Contributions as Shown on record
$10,000.00

5b. Amount of Capital Contributions in FLORIDA to date

6. FEI Number
59-2966140
☐ 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	**2a.** Principal Office Address
200 E. Robinson St	200 E. Robinson St
Suite, Apt. #, etc Suite 1250	Suite, Apt. #, etc Suite 1250
City & State Orlando FL	City & State Orlando FL
Zip 32801 Country USA	Zip 32801 Country USA

9. Name and Address of Current Registered Agent

MAGUIRE, RAYMER F., JR.
2 SOUTH ORANGE AVE.
ORLANDO FL 32802

10. If changed, new Registered Agent/Office

Name: Raymer F. Maguire Jr
Street Address (P.O. Box Number is Not Acceptable): 200 E. Robinson St
Suite, Apt. #, etc: Suite 1250
City: Orlando FL Zip Code: 32801

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 Number(s))	**11b.** City, State & Zip Code	**11c.** Registration/ Document Number
RAYMER F. MAGUIRE, JR.	2 SOUTH ORANGE AVE.	ORLANDO FL	

SECRETARY OF STATE
99JUN10-01120-011
****158.75 ****158.75

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)(i), 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 effect 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 Raymer F Maguire Jr DATE

Typed or Printed Name of General Partner Signing Form Daytime Telephone Number

CR2E003 (9/98)