## 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

Segretary of State
DIVISION OF CORPORATIONS

1. Name of Limited Partnership

1a. DOCUMENT # **A28909** 

## FILED Wilzy

98 NOV 20 AM 10: 15

SECRETARY OF STATE TALLAHASSEE FLORIDA

RICHARD J. PERROTTA FAMILY LIMITED PARTNERSHIP				
Mailing Address  8004 PLANATION LAKES DR. PT. ST. LUCIE FL 34986-3013	Principal Office Address  8004 PLANATION LAKES DR. PT. ST. LUCIE FL 34986-3013		3. Date Formed or Registered 09/13/1989 3a. Date of Last Report 10/20/1997	5a. Capital Contributions as Shown on record. \$434,000.00  5b. Amount of Capital Contributions in FLORIDA
Mailing Address     Suite, Apt. #, etc.	2a. Principal Office Address  Suite, Apt. #, etc.		4. State or Country of Formation	to date:
City & State	City & State		6. FEI Number 59-2964638	Applied For Not Applicable
Zip Country	Zip Country		7. Certificate of Status Desired  8. Make check payable to: Dept. of S	\$8.75 Additional Fee Required tale (See reverse side for fee information)
9. Name and Address of Current F	tenistered Agent	<u></u>	10 If changed now Baristand	A month Office
PERROTTA, RICHARD J 8004 PLANTATION LAKES DR.		Name Street Address (P.O. Box Number (e-Not-Acceptable) 126999999999999999999999999999999999999		
PT. ST. LUCIE FL 34986-3013	Suite, Apt. #, etc. City		-12/01/98-01084-006	
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 (Do NOT Use Post Office Box	Partner 11b.	City, State & Zip Code	11c. Registration/
PERROTTA, RICHARD J PERROTTA, MARY LYNN T			ST. LUCIE FL 3498	CR2E003 (8/98)
•				CR2
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				
Typed or Printed Name of General Partner Signing Form/ CCHARD J. DERROTTO Daytime Telephone Number 561 464-5173				