

FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP  
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

FILED

96 NOV 12 AM 11:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

LIMITED PARTNERSHIP  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
**Sandra Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

1. Name of Limited Partnership

1a. DOCUMENT #  
**A29757**

**SMITH DAIRY PARTNERSHIP, LTD.**



2/11/15

Mailing Address

Principal Office Address

11781 LEE JACKSON MEMORIAL HWY  
OAKWOOD CENTER, SUITE 320  
FAIRFAX VA 22033  
US

11781 LEE JACKSON MEMORIAL HWY  
OAKWOOD CENTER, SUITE 320  
FAIRFAX VA 22033  
US

2. Mailing Address

2a. Principal Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

3. Date Formed or Registered

03/08/1990

3a. Date of Last Report

11/28/1995

4. State or Country of Formation

FL

5a. Capital Contributions as  
Shown on record.

\$1,582,400.00

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

6. FEI Number

65-0176202

☐ 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

10. If changed, now Registered Agent/Office

MUSS, JOSHUA A  
8311 BOB-O-LINK DR.  
WEST PALM BEACH FL 33412

Name

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

Suite, Apt. #, etc.

City

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

SMITH DAIRY MNGT CORP.

11781 LEE JACKSON MEM

FAIRFAX VA

L36293

BOJER REALTY/SMITH DAIRY

633 SKOKIE BLVD., SUI

NORTHBROOK IL 60062

L13613

4000020017314--0  
-11/19/95--01007--025  
\*\*\*576.25 \*\*\*576.25

**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

Typed or Printed Name of General Partner Signing Form

LARRY M. CHANES

Daytime Telephone Number

847 498 2882

CR2E003 (6/96)