

**FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

**LIMITED PARTNERSHIP  
ANNUAL REPORT  
1998**



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

**FILED**  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

97 DEC -8 PM 4:08

1. Name of Limited Partnership

1a. DOCUMENT #

A 30336

MATSON PARTNERS, L.P., LTD.

Mailing Address

400 PALMETTO AVE  
OSPREY, FL 34229

Principal Office Address

400 PALMETTO AVE  
OSPREY, FL 34229

3. Date Formed or Registered

7/2/1990

5a. Capital Contributions as Shown on record.

0.00

3a. Date of Last Report

3/20/1997

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

0.00

2. Mailing Address

2a. Principal Office Address

4. State or Country of Formation

DE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

6. FEI Number

65-0169390

☐ Applied For  
☐ Not Applicable

City & State

City & State

7. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

Zip

Country

Zip

Country

8. Make check payable to: Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent

MATSON, J. RICHARD  
400 PALMETTO AVE  
OSPREY, FL 34229

10. If changed, new Registered Agent/Office

Name

200002370862-3  
-12/12/97-01078-002

Street Address (P.O. Box Number is Not Acceptable) \*\*\*\*156.25 \*\*\*\*156.25

Suite, Apt. #, etc.

City

FL

Zip Code

10a. Pursuant to the provisions of sections 620.1061 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

MATSON, J. RICHARD

400 PALMETTO AVE.

OSPREY, FL 34229

OK  
12-10

**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

J. Richard Matson

DATE

Typed or Printed Name of General Partner Signing Form

J. Richard Matson

Daytime Telephone Number

941 966 5224

CR2003 (6/97)