

**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  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

99 JAN 27 PM 6:31

1. Name of Limited Partnership

1a. DOCUMENT #  
**A30337**

**OSPREY PARTNERS, L.P., LTD.**

*99-AR  
CM*



Mailing Address

Principal Office Address

400 PALMETTO AVE.  
OSPREY FL 34229

400 PALMETTO AVE  
OSPREY FL 34229

3. Date Formed or Registered

07/02/1990

5a. Capital Contributions as Shown on record

\$0.00

3a. Date of Last Report

12/08/1997

5b. Amount of Capital Contributions in FLORIDA to date

0.00

4. State or Country of Formation

DE

6. FEI Number

65-0169391

Applied For  
 Not Applicable

7. Certificate of Status Desired

\$8.75 Annual Fee Required

8. Make check payable to Dept. of State (See reverse side for instructions)

2. Mailing Address

2a. Principal Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

9. Name and Address of Current Registered Agent

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

Name

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

Suite, Apt. #, etc.

City

10. If changed, new Registered Agent Office

SECRETARY OF STATE  
-02/08/99-01072-010  
\*\*\*\*141.25 \*\*\*\*141.25  
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. Registrations Document Number

**MATSON, J. RICHARD**

**400 PALMETTO AVE.**

**OSPREY FL**

**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 included 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*  
**J. RICHARD MATSON**

DATE

1/24/99

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

941-966-5274

CR2E003 (9/99)