

**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

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

99 FEB -3 PM 1:01

1. Name of Limited Partnership

1a. DOCUMENT #  
**A30623**

**CHISHOLM ASSOCIATES, LTD.**



Mailing Address

3511 W. COMMERCIAL BLVD  
SUITE 305  
FT LAUDERDALE FL 33309

Principal Office Address

3511 W. COMMERCIAL BLVD  
SUITE 305  
FT LAUDERDALE FL 33309

3. Date Formed or Registered

09/14/1990

5a. Capital Contributions as  
Shown on record

**\$7,000.00**

3a. Date of Last Report

12/16/1997

5b. Amount of Capital  
Contributions in FL ORIDA  
to date

4. State or County of Formation

FL

6. FEI Number

13-1934076

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

Suite, Apt. #, etc

City & State

Zip Country

2a. Principal Office Address

Suite, Apt. #, etc

City & State

Zip Country

9. Name and Address of Current Registered Agent

SINAGRA, FRANK J.  
HALEY, SINAGRA & PEREZ, P.A.  
110 EAST BROWARD BLVD, SUITE 650  
FT LAUDERDALE FL 33301

Name

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

Suite, Apt. #, etc

City

10. If changed, new Registered Agent/Office

800002766219-7  
-02/05/99--01088--019  
\*\*\*\*150.00 \*\*\*\*150.00

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). Thereby 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

CHISHOLM, WILLIAM E.

4790 N.W. 9TH COURT

PLANTATION FL

CHISHOLM, HENRY L.

4790 N.W. 9TH COURT

PLANTATION FL

32  
2-4-99

**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)(b) 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 for 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, partner or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

*Henry L. Chisholm*  
HENRY L. CHISHOLM

DATE

1-26-99

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

954-792-1996

CR2E003 (8/98)