

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  
98 NOV 23 AM 11:28

mtu  
11/25

1. Name of Limited Partnership

1a. DOCUMENT #  
A30873

SPENCER INTERMEDIARIES, LIMITED PARTNERSHIP



Mailing Address

Principal Office Address

~~8000 OAK LANE SUITE 301~~  
~~MIAMI LAKES FL 33016~~

~~8000 OAK LANE SUITE 301~~  
~~MIAMI LAKES FL 33016~~

2. Mailing Address  
15050 N. W. 79 Court

Suite, Apt. #, etc.  
Suite 201

City & State  
Miami Lakes, FL

Zip 33016 Country USA

2a. Principal Office Address  
15050 NW 79 Court

Suite, Apt. #, etc.  
Suite 201

City & State  
Miami Lakes, FL

Zip 33016 Country USA

3. Date Formed or Registered  
12/05/1990

3a. Date of Last Report  
10/02/1997

4. State or Country of Formation  
DE

6. FEI Number  
65-0225964

7. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

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

5a. Capital Contributions as Shown on record.

\$60,000.00

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

\$60,000

☐ Applied For  
☐ Not Applicable

9. Name and Address of Current Registered Agent

FINAN, MARY W.

~~8000 OAK LANE~~

~~SUITE 301~~

~~MIAMI LAKES FL 33016~~

10. If changed, new Registered Agent/Office

Name

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

15050 N. W. 70th Court

Suite, Apt. #, etc.

Suite 201

City

Miami Lakes

FL

Zip Code  
33016

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

FORSTER, SPENCER AND EISEN,

~~8000 OAK LANE SUITE~~  
15050 N. W. 79 Ct.,  
Suite 201

MIAMI LAKES FL 33016

L71631

800002702018--1  
-12/03/98-01081-002  
\*\*\*508.75 \*\*\*508.75

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

11/16/98

Typed or Printed Name of General Partner Signing Form

Jeffrey L. Eisen, VP

Daytime Telephone Number 305-821-9500

CR2E003 (8/98)