

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 JAN 26 AM 8:56

1. Name of Limited Partnership P.A.D.A. PARTNERSHIP, LTD.		1a. DOCUMENT # A32160	
Mailing Address 760 EGRET POINTE VERO BEACH FL 32963		Principal Office Address 760 EGRET POINTE VERO BEACH FL 32963	
2. Mailing Address Suite, Apt. #, etc. City & State Zip Country		2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country	



3. Date Formed or Registered 10/28/1991	5a. Capital Contributions as Shown on record \$357,991.73
3a. Date of Last Report 01/02/1998	5b. Amount of Capital Contributions in FLORIDA to date ☐ Applied For ☒ Not Applicable
4. State or Country of Formation FL	6. FET Number 59-3090640
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 ADAMS, PAUL L. 760 EGRET POINTE VERO BEACH, FL FL 32963		10. If changed, new Registered Agent/Office 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) PAUL L. ADAMS & DONNA K.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) ADAMS, CO-TRUSTEES OF 760 EGRET POINTE	11b. City, State & Zip Code PAUL L & DONNA K. VERO BEACH, FL	11c. Registration Document Number

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 _____

Daytime Telephone Number _____

CR2E003 (8/98)