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
99 JAN 19 PM 1:39

1. Name of Limited Partnership

1a. DOCUMENT #
A32217

EDUCATIONAL DEVELOPMENT RESOURCES ASSOCIATES, LTD.

Mailing Address
5417 KENNEDY HILLS DR
SEFFNER FL 33584

Principal Office Address
12420 TELECOM DR.
TEMPLE TERRACE FL 33637-0911

3. Date Formed or Registered
11/12/1991

3a. Date of Last Report
11/17/1997

4. State or Country of Formation
FL

6. FEI Number
59-3097663

5a. Capital Contributions as Shown on record
~~$105,000.00~~ $5,000

5b. Amount of Capital Contributions in FLORIDA to date
$5,000

☐ Applied For
☐ Not Applicable

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

8. Make Check payable to Dept. of State $141.25

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

CASTELLANO, ROBERT F
5417 KENNEDY HILLS DRIVE
SEFFNER FL 33584

10. If changed, new Registered Agent/Office

Name
Street Address (P.O. Box Number Is Not Acceptable)
Suite, Apt #, etc
City
FL Zip Code

02/03/99--01072--004
****141.25 ****141.25

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
EDUCATIONAL DEVELOPMENT RESO	5417 KENNEDY HILLS DR	SEFFNER FL	S93257

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 Robert Castellano DATE 12/1/98

Typed or Printed Name of General Partner Signing Form Robert F. Castellano Daytime Telephone Number 813-979-0002

CR2E003 (8/98)