

FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
97 JAN 10 PM 3:10

LR
1/15

1. Name of Limited Partnership

1a. DOCUMENT #
A92000000217

C.R. VIGNE FAMILY LIMITED PARTNERSHIP



Mailing Address

1195 NW 165TH STREET
CITRA FL 32113
US

Principal Office Address

1195 NW 165TH STREET
CITRA FL 32113
US

3. Date Formed or Registered

12/28/1992

5a. Capital Contributions as
Shown on record.

\$120,779.00

3a. Date of Last Report

11/28/1995

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

\$120,779.00 **/xx

4. State or Country of Formation

FL

6. FEI Number

65-0375358

☐ 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)

9. Name and Address of Current Registered Agent

VIGNE, CHARLES R
1195 NW 165TH ST.
CITRA FL 32113

10. If changed, new Registered Agent/Office

Name

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

Suite, Apt. #, etc.

City

2000002065002--2

-01/22/97--01146--007

***576.25 ***576.25

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. Registration/
Document Number

VIGNE, CHARLES R

1195 NW 165TH ST.

CITRA FL 32113

SIGNATURE

Charles R. Vigne

DATE

1/7/97

Typed or Printed Name of General Partner Signing Form

CHARLES R. VIGNE

Daytime Telephone Number

352-595-7288

CR2E003 (6/96)