

FILE ON OR BEFORE APRIL 8, 1998 TO AVOID
REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1998



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

FILED
98 APR -8 PM 2:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Name of Limited Partnership

1a. DOCUMENT #
A93000000244

GRIFFITH FAMILY LIMITED PARTNERSHIP

98-AP
CM



Mailing Address

Principal Office Address

~~23371 BLUE WATER CIRCLE~~
~~APT. G-122~~
~~BOCA RATON FL 33433~~

~~23371 BLUE WATER CIRCLE~~
~~APT. G-122~~
~~BOCA RATON FL 33433~~

3. Date Formed or Registered

02/22/1993

5a. Capital Contributions as
Shown on record.

\$130,000.00

3a. Date of Last Report

04/09/1997

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

4. State or Country of Formation

FL

2. Mailing Address

12729 NW 21 PLACE

2a. Principal Office Address

12729 NW 21 PLACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CORAL SPRINGS, FL

City & State

CORAL SPRINGS, FL

Zip

33071

Country

USA

Zip

33071

Country

USA

6. FEI Number

65-0389757

☐ 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

GARFIELD, SHARYN D
~~10100 SAMBLE RD~~
~~SUITE 100~~
~~CORAL SPRINGS FL 33085~~

10. If changed, new Registered Agent/Office

Name

FF \$526.25

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

12729 NW 21 PLACE

Suite, Apt. #, etc.

City

CORAL SPRINGS

FL

Zip Code

33071

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

~~GRIFFITH, VIRGINIA E~~

SHARYN GRIFFITH GARFIELD

~~23371 BLUE WATER CIRCLE~~

12729 NW 21 PLACE

~~BOCA RATON FL 33433~~

CORAL SPRINGS, FL 33071

7000002484297--6
-04/09/98--01088--004
****141.25 ****141.25

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

4/7/98

Typed or Printed Name of General Partner Signing Form

SHARYN GRIFFITH GARFIELD

Daytime Telephone Number

CR2E003 (12/97)