

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

FILED

98 FEB -5 PM 3:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

LIMITED PARTNERSHIP  
ANNUAL REPORT  
1998



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

1a. DOCUMENT #  
A93000001263



SIX GUN SHOPPING, LTD.

Mailing Address  
14830 S. MILITARY TRAIL  
DELRAY BEACH FL 33484

Principal Office Address  
6353 WEST ROGERO CIRCLE  
STE 1  
BOCA RATON FL 33487

3. Date Formed or Registered  
12/01/1993

5a. Capital Contributions as  
Shown on record.  
\$550,000.00

3a. Date of Last Report  
01/13/1997

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

4. State or Country of Formation  
FL

2. Mailing Address

2a. Principal Office Address  
14830 S. Military Trail

Suite, Apt. #, etc.

Suite, Apt. #, etc.

6. FEI Number  
65-0451603

☐ Applied For  
☐ Not Applicable

City & State

City & State  
Delray Beach, Florida

7. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

Zip Country

Zip Country  
33484 Palm Beach

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

9. Name and Address of Current Registered Agent

GEISERMAN, ROBERT M  
14830 S. MILITARY TRAIL  
DELRAY BEACH FL 33484

10. If changed, new Registered Agent/Office

Name

Street Address (P.O. Box Number, Not Locatable)  
SILVER SPRINGS 3426149--8

Suite, Apt. #, etc.

02/10/98--01014--027  
\*\*\*\*541.25 \*\*\*\*541.25

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)

11a. Address of Each General Partner  
(Do NOT Use Post Office Box Numbers)

11b. City, State & Zip Code

11c. Registration/  
Document Number

G.P. SILVER SPRINGS, INC.

14830 S. MILITARY TRA

DELRAY BEACH FL 33484

P97000105665

437.50 103.75

dce

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

Robert M. Geiseman

Daytime Telephone Number

(561) 498-2199

Typed or Printed Name of General Partner Signing Form

CRE003 (12/97)