

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
SECRETARY OF STATE
DIVISION OF CORPORATIONS

98 DEC 14 AM 10:04

1. Name of Limited Partnership

1a. DOCUMENT #
A94000000654

GATOR COON PARTNERS, LTD.



Mailing Address

Principal Office Address

~~2250 N.E. 163RD STREET, SUITE 6~~
~~NORTH MIAMI BEACH FL 33160~~

~~2250 N.E. 163RD STREET, SUITE 6~~
~~NORTH MIAMI BEACH FL 33160~~

3. Date Formed or Registered

05/11/1994

5a. Capital Contributions as
Shown on record.

\$9,900.00

3a. Date of Last Report

12/10/1997

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

4. State or Country of Formation

FL

2. Mailing Address

1595 NE 163RD STREET

2a. Principal Office Address

1595 NE 163RD STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

N. MIAMI BCH, FLORIDA

City & State

N. MIAMI BCH, FLORIDA

Zip

33162

Country

USA

Zip

33162

Country

USA

6. FEI Number

65-0493729

☐

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

GOLDSMITH, JAMES A

~~2250 NE 163 STREET~~

~~SUITE #6~~

~~MIAMI FL 33160~~

10. If changed, new Registered Agent/Office

Name

GOLDSMITH, JAMES A

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

1595 NE 163RD STREET

Suite, Apt. #, etc.

City

N. MIAMI BCH, FLORIDA

FL

Zip Code

33162

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)

GATOR COON INVESTORS, INC.

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

~~2250 N.E. 163RD STREET~~
1595 NE 163RD ST.

11b. City, State & Zip Code

~~NORTH MIAMI BEACH FL~~
N. MIAMI BCH, FL

11c. Registration/
Document Number

P94000035475

500002721505--7
-12/24/98-01008-015
****158.05 ****158.05

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

12/04/98

DATE

Typed or Printed Name of General Partner Signing Form

JAMES A. GOLDSMITH

Daytime Telephone Number

305-949-9049

CR2E003 (8/98)