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

1. Name of Limited Partnership

DOCUMENT# A94000000675

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

98 DEC - 3 AM 10: 06

| GIMENEZ FAMILY LIMITED PARTNERSHIP | | | | | |
|--|---|--|---|--|--|
| Mailing Address 6100 RIVERVIEW BOULEVARD WEST BRADENTON FL 34209 | Principal Office Address 6100 RIVERVIEW BOULEVARD WEST BRADENTON FL 34209 | | 3. Date Formed or Registered 05/18/1994 3a. Date of Last Report 02/23/1998 | 5a. Capital Contributions as Shown on record. \$1,340,588.00 5b. Amount of Capital Contributions in FLORIDA | |
| Mailing Address Suite, Apt. #, etc. | 2a. Principal Office Address Suite, Apt. #, etc. | | FL | to gate: | |
| City & State | City & State | | 65-0482508 7. Certificate of Status Desired | Applied For Not Applicable | |
| Zip Country | Zip Country | | 7. Certificate of Status Desired \$8.75 Additional Fee Required 8. Make check payable to: Dept. of State (See reverse side for fee information) | | |
| O Name and Address of Commit Re | wistoned Amous | 1 | 10 If changed now Pasistamed | A gont/Office | |
| 9. Name and Address of Current Registered Agent | | 10. If changed, new Registered Agent/Office Name | | | |
| GIMENEZ, JOSE L 6100 RIVERVIEW BOULEVARD WEST | | Street Address (P.O. Box Number is Not Acceptable) | | | |
| BRADENTON FL 34209 Suite, Apt. #. City | | Suite, Apt. #, etc. | atc. | | |
| | | City Zip Code | | | |
| 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 (Do NOT Use Post Office Bo | Partner (Numbers) 11b. | City, State & Zip Code | 11c. Registration/ Document Number | |
| GIMENEZ, JOSE L | | | ADENTON FL 34209 | | |
| GIMENEZ, EILEEN M | 6100 RIVERVIEW BLVD W | BR/ | ADENTON FL 34209 | CRZE003 (8/98) | |
| • | | | 10000271 -12/09/98 ****\$26. | 7931-0 3-01063-026 25 *****526.25 | |
| Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner. | | | | | |
| 12. It do hereby certify that the information supplied with this filling 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 | Mins | | DATE | 1/29/97 | |
| Typed or Printed Name of General Partner Signing Form | fost GILLEN | | Daytime Telephone Number | 941 262 037-9 | |