

**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
96 DEC 30 PM 2:03

1. Name of Limited Partnership

ACCM, Ltd.

1a. DOCUMENT #

A94 WWWW 783

Mailing Address

2269 South University Drive
Davie, FL 33324-5825

Principal Office Address

2269 South University Drive
Davie, FL 33324-5825

3. Date Formed or Registered

6/13/94

5a. Capital Contributions as
Shown on record

\$149,800

3a. Date of Last Report

12/31/95

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

\$149,800

4. State or Country of Formation

Florida

2. Mailing Address

2a. Principal Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. FEI Number

65-0440335

☐ 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

Adam McGavin, III
2269 South University Drive
Davie, FL 33324-5825

10. If changed, new Registered Agent/Office

Name

Street Address (P.O. Box Number is OK)

330002049643--3

Suite, Apt. #, etc.

01/08/97--01003--007

City

***576.25 ***576.25

FL

Zip Code

10a. Pursuant to the provisions of sections 620.105 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

Adam McGavin, III

2269 S. University Drive

Davie, FL 33324-5825

Jean McGavin

2269 S. University Drive

Davie, FL 33324-5825

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

Adam McGavin, III

DATE 12-27-96

Typed or Printed Name of General Partner Signing Form

Adam McGavin, III

Daytime Telephone Number 800 385-3576

CR2E003 (6/96)