FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partnership

A94000001278

FIGURE SECRETARY OF STATE DIVISION OF CORPORATIONS

97 DEC -1 AM 11: 22



MARINA TAOTI BROKETO	, L. D.							
Mailing Address	Principal Office Address			3. Date Formed or Registered 09/21/1994	5a. Capital Contributions as Shown on record.			
3180 MATECOMBE KEY ROAD Punta Gorda Fl 33955	3180 MATECOMBE KEY ROAD PUNTA GORDA FL 33955			3a. Date of Last Report	\$42,000.00			
				12/18/1996	5b. Amo	unt of Capital		
2 44.11.	20.01.100			4. State or Country of Formation	5b. Amount of Capital Contributions in FLORIDA to date:			
2. Malling Address	28. Principal Office Address	28. Principal Office Address			42 avo			
Suite, Apt. #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		6. FEI Number	☐ Applied For			
City & State	City & State	0		65-0438772	Not Applicable			
Zip Country	Zip	ip Country		7. Certificate of Status Desired \$8.75 Ac Fee Roq.		\$8.75 Additional Fee Required		
					8. Make check payable to: Dept. of State (See reverse side for fee information			
9. Name and Address of	10. If changed, new Registered Agent/Office							
		Name						
COTTER, JOHN 3180 MATECOMBE KEY ROAD		Street Address (P.O. Box Number Is Not Acceptable)						
PUNTA GORDA FL 33955		Suite, Apt. #, etc 2/ -			:3 649372 3/9701006005			
		City			197. <u>75</u> 198 168397. 75			
SIGNATURE (Registered Agent Accepting Appoints A GENERAL PARTNER TO		LIMITED ND ACTIV	PARI VE WI	NERSHIP OR OTHE	R BUSI	NESS ENTITY		
11. Name(s) of General Partner(s)	11a. Address of Each Gon (Do NOT Use Post Office	oral Darloos	11b.	City, State & 7ip Code	11c.	Registration/ Document Number		
MARINA YACHT BROKERS, INC.		3180 MATECOMBE KEY RD		PUNTA GORDA FL 33955		P93000027042		
Note: General partners MAY	NOT be changed on this for	m; an am	endme	ent must be filed to cha	ange a g	eneral partner.		
Corporations from any liability of non-complian	WOHA	information supp	olied is dee	med exempt from public access. I furth	er certify that t I the limited pa	tie information indicated on irtnership, receive: or trusted		



Larry D. Ellison Edward A. Dallas

CI	JENT:	MARINA	Sheeti	Browers	Lin	DATE:	9-9-9	7
	INYOI	CE AND	INSTR	OCTIONS	FOR GC	einlash i P MPORATE	ANNUAL RE	EPORT:
P	reparati	on of Corp	ooration .	Annual Re	port :		\$	
1.	Verify	accuracy	of name	and addres	sses in Box	x 1.		
2.	Verify	accuracy	of Regist	ered Ager	nt informat	ion in Box 9.		
3.	Verify	accuracy	of all Of	icer and D	Pirector inf	ormation in B	30x 1#.	
4.	Sign a	nd Date in	Box 🚜					
5,	Remitt	ance must it of \$200 397.7	c00 paya	any Annua ble to Soc	al Report.	Attach a chectate.	ck in the	1
6.	ALLI	~ / / /		BE MAI	LED ON	OR BEFOR	E Mari, To) D:
			Pivisi	BOX 6	Quaponn 327	314-6327		