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
99 JAN 13 AM 7:48

1. Name of Limited Partnership: PASSAGE TO PARADISE LIMITED PARTNERSHIP

1a. DOCUMENT # A95000000375

Mailing Address / Principal Office Address: 99-AR/CWS CM

2. Mailing Address: P.O. BOX 1061
Suite, Apt. #, etc.:
City & State: SANTA ROSA BCH, FL
Zip: 32459 Country: WALTON

2a. Principal Office Address: 4314 HWY C-30A W
Suite, Apt. #, etc.:
City & State: SANTA ROSA BCH, FL
Zip: 32459 Country: WALTON

3. Date Filed for Profit: 3/9/95

3a. Date Filed for Report: 12-20-97

4. State or Country of Formation: FL

5a. Capital Contribution Made and Received: 20,000

5b. Amount of Capital Contributed in FLORIDA Dollars: 20,000

6. FEI Number: 59-3298734 ☐ Applied For ☐ Not Applicable

7. Certificate of Status Desired: ☐ $8.75 Additional Fee Required

8. Mailing Fee payable to Dept. of State (Seven dollars & 75 cents)

9. Name and Address of Current Registered Agent
MARWKO, THOMAS M
4314 HWY C-30A W
SANTA ROSA BCH, FL. 32459

10. If changed to a Registered Agent/Office
Name:
Street Address (P.O. Box Number is Not Acceptable):
Suite, Apt. #, etc.:
City: FL Zip Code:

10a. Pursuant to the provisions of sections 620.1051 and 620.193, Florida Statutes, the above named limited partnership organized to transact business 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 a majority in interest of the general partners. I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.193, 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. Registered Document Number
MARWKO, THOMAS M	4314 HWY C-30A W	SANTA ROSA BCH FLORIDA 32459	

CORPORATION NAME - G
-01/29/99 -01095 -020
****237.50 ****237.50

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, because 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. Further certify that the information contained on this annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. 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 12-21-98

Typed or Printed Name of General Partner Signing Form: THOMAS MARINKO

Daytime Telephone Number: 850-654-4216

CR2E003 (8/96)