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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED PARTNERSHIP ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

1. Name of Limited Partnership
CULLEN FAMILY LIMITED PARTNERSHIP

1a. DOCUMENT # A95000000619

Mailing Address
7010 HIGHWAY C-30
PORT ST. JOE FL 32456

Principal Office Address
7010 HIGHWAY C-30
PORT ST. JOE FL 32456

3. Date Formed or Registered: 04/17/1995
3a. Date of Last Report: 01/31/1997
4. State or Country of Formation: FL
5a. Capital Contribution as Shown on record: $1,000.00
5b. Amount of Capital Contributions in FLORIDA to date: 85,000
6. FEI Number: 59-3309688 ☐ 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)

2. Mailing Address: 165 Cessna Drive
Suite, Apt. #, etc.: Suite 305
City & State: Port St. Joe FL
Zip: 32456 Country: USA

2a. Principal Office Address: 1859 Lincoln St
Suite, Apt. #, etc.:
City & State: Hollywood, Fl
Zip: 33020 Country: USA

FF $526.25
COS 8.75

9. Name and Address of Current Registered Agent
CULLEN, JOHN F JR.
7010 HIGHWAY C-30
PORT ST. JOE FL 32456

10. If changed, new Registered Agent/Office
Name:
Street Address (P.O. Box Number Is Not Acceptable): 165 Cessna Drive
Suite, Apt. #, etc.: Suite 305
City: Port St. Joe FL Zip Code: 32456

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)

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****526.25 ****526.25

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
CULLEN, JOHN F JR.	~~7010 HIGHWAY C-30~~ 165 Cessna Drive Suite 305	PORT ST. JOE FL 32456	

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****538.75 ****50.75

7/14/98

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I hereby certify that the information supplied with this filing is voluntary furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I realize the Division of Corporations ... Section 119.07(3)(k) ... 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 effect as if made under oath. I further certify that I am a General Partner of the limited partnership ... empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE John F Cullen Jr G.P. DATE

Typed or Printed Name of General Partner Signing Form: John F. Cullen Jr. G.P. Daytime Telephone Number: 850-229-7177