

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
97 DEC 15 PM 1:39

1. Name of Limited Partnership

1a. DOCUMENT #
A95000001593

TK FAMILY LIMITED PARTNERSHIP



Mailing Address

**2218 KARA CHASE CT
SARASOTA FL 34240**

Principal Office Address

**2218 KARA CHASE CT
SARASOTA FL 34240**

3. Date Formed or Registered

10/16/1995

3a. Date of Last Report

01/27/1997

4. State or Country of Formation

FL

5a. Capital Contributions as Shown on record

\$250,000.00

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

2. Mailing Address

2a. Principal Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country

6. FEI Number

59-3349050

☐ 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

**VAUGHN, BYRON ESQ.
1800 2ND STREET, STE. 919
SARASOTA FL 34237**

10. If changed, now Registered Agent/Office

Name
TERRENCE A. KUPS
Street Address (P.O. Box Number, if Not Acceptable)
2218 KARA CHASE COURT
Suite, Apt. #, etc.
City
SARASOTA
Zip Code
FL 34240

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)

DATE 12-10-97

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)

KARA CHASE, INC.

11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)

2218 KARA CHASE CT

11b. City, State & Zip Code

SARASOTA FL 34240

11c. Registration/Document Number

P94000042305

100002374661--2
-12/17/97--01040--029
******576.25 ****576.25**

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

TERRENCE A. KUPS

DATE 12-10-97

Daytime Telephone Number 941-488-2500

CR25003 (6/97)