## FILE ON OR BEFORE APRIL 7, 1999 TO AVOID REVOCATION AND \$500 PENALTY FEE

## LIMITED PARTNERSHIP ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

1. Name of Limited Partnership

1a. DOCUMENT # **A9500001695** 

## ADVANCO LIMITED PARTNERSHIP

FILED 99 MAR 15 PM to 20



ADVANCO LIMITED I ATTI	VEI (OI III)						
Mailing Address  970 WEST MCNAB ROAD, SUITE 200 FORT LAUDERDALE FL 33309	Principal Office Address  970 WEST MONAB ROAD, SUITE 200 FORT LAUDERDALE FL 33309		38	3. Date Formed or Registered 11/07/1995 3a. Date of Lest Report 12/16/1997		5a. Capital Contributions as Shown on record \$7,500.00  5b. Amount of Capital Contributions in FLORIDA	
2. Mailing Address	2a. Principal Office Address		4.	State or Country of Formation	to date:		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		6.	FEI Number 65-0620380	☐ Applied For ☐ Not Applicable		
City & State	City & State		7.	7. Certificate of Status Desired \$8.75 Additional			
Zip Country	Zip	Zip Country		Fee Required  8. Make check payable to Dept of State (See reverse side for fee information			
9. Name and Address of Current Registered Agent BOYLE, CONRAD J ESO. 500 EAST BROWARD BLVD., SUITE 1950 FT. LAUDERDALE FL 33394		10. If changed, new Registered Agent/Office  Name  Street Address (P.O. Box Number Is Not Acceptable)					
		Suite, Apt #, etc			FL	Zφ Code	
agent. I am familiar with, and accept the oblig  SIGNATURE (Registered Agent Accepting Appointment  A GENERAL PARTNER TH	ice or registered agent, or both, in the State of F gations of section 620 192, Florida Statutes	Florida. Such char	nge was authorize	DATE  CRISHIP OR OTH	by accept the a	ppointment of registered	
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	
ADLP, INC.	970 WEST MCNAB ROAD,		Fort Lauderdale FL 33		P96000103696		
			5L 3-	700002 -03/2 **** 9-99	9 <b>9.1</b> 5 37990 141.25	8379 1086002 ****141.25	
Note: General partners MAY N	NOT be changed on this fo	rm; an am	endment i	nust be filed to ch	ange a g	eneral partner.	
<ol> <li>I do hereby certify that the information supplied from any liability of non-compliance with Section is true and accurate and that my signature shall</li> </ol>	n 119.07(3)(k) in the event that the information :	supplied is deeme	d exempt from put	lic access. I further certify that the	e information in	idicated on this annual report	

ATURE DATE 3.10.99
Printed Name of General Partner Signing Form Michael Runyan, President ADLP, Inchine Telephone Number (954)974-918