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 10 AM 10:00

12/12

1. Name of Limited Partnership

ALBA LIMITED PARTNERSHIP

1a. DOCUMENT # **A95000001853**

Mailing Address	Principal Office Address
~~18050 GIDDENS DR., NE~~	~~18050 GIDDENS DR., NE~~
~~ALVA FL 33920~~	~~ALVA FL 33920~~
409 MILES ROAD	409 MILES ROAD
BENTLEYVILLE OH 44022	BENTLEYVILLE OH 44022

2. Mailing Address: 409 MILES ROAD
Suite, Apt. #, etc.:
City & State: BENTLEYVILLE OH
Zip: 44022 Country: USA

2a. Principal Office Address: 409 MILES ROAD
Suite, Apt. #, etc.:
City & State: BENTLEYVILLE OH
Zip: 44022 Country: USA

3. Date Formed or Registered: 12/01/1995

3a. Date of Last Report: 12/19/1996

4. State or Country of Formation: FL

5a. Capital Contributions as Shown on record: $15,662.63

5b. Amount of Capital Contributions in FLORIDA to date: 15,662.63

6. FEI Number: 65-0628891 ☐ 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

JOHNSON, ALLEN
~~18050 GIDDENS DRIVE, N.E.~~
~~ALVA FL 33920~~

10. If changed, new Registered Agent/Office

Name:
Street Address (P.O. Box Number Is Not Acceptable): 16050 S. TAMIAMI TRAIL
Suite, Apt. #: 103
City: FT MYERS FL Zip Code: 33908

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.

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-12/18/97--01068--001
****213.39 ****213.39

SIGNATURE (Registered Agent Accepting Appointment)

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
JOHNSON, ALLAN	~~16050-103 S.~~ ~~18050 GIDDENS DR. NE~~ TAMIAMI TRAIL 18050 GIDDENS DR. NE 409 MILES ROAD	~~ALVA FL 33920~~ FT MYERS FL ~~ALVA FL 33920~~ 33908 BENTLEYVILLE OH 44022	
JOHNSON, PATRICIA			

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: Patricia L. Johnson DATE: 11-24-97

Typed or Printed Name of General Partner Signing Form: PATRICIA L. JOHNSON Daytime Telephone Number: 440/893-9079

CR2E003 (6/97)