

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

98 APR 22 PM 1:58  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

1. Name of Limited Partnership

1a. DOCUMENT #  
A96000000106

HARRIS & H LTD.

Mailing Address

Principal Office Address

3. Date Formed or Registered

12-27-95

5a. Capital Contributions as  
Shown on record.

59189.04

3a. Date of Last Report

5-97

5b. Amount of Capital  
Contributions in FLORIDA  
to date

4. State or Country of Formation

FL

2. Mailing Address

P.O. Box 97

2a. Principal Office Address

1027 N. FLORIDA MANGO ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 4

6. FEI Number

65-0651760

☐ Applied For  
☐ Not Applicable

City & State

WEST PALM BEACH, FL

City & State

WEST PALM BEACH FL

Zip

33402

Country

Zip

33409

Country

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

LAMONT HARRIS

323 ALMERIA ROAD, APT 202

WEST PALM BEACH, FL 33405

10. If changed, new Registered Agent/Office

Name

LAMONT HARRIS

Street Address (P.O. Box Number is Not Acceptable)

1027 N. FLORIDA MANGO ROAD

Suite, Apt. #, etc.

SUITE 4

City

WEST PALM BEACH

FL

Zip Code

33409

10a. Pursuant to the provisions of sections 620.1051 and 620.102, 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

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)

HARRIS PROPERTIES INC

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

1027 N. FLORIDA MANGO  
SUITE 4

11b. City, State & Zip Code

WEST PALM BEACH FL  
33409

11c. Registration/  
Document Number

V20952

200002503302--6  
-04/28/98--01079--022  
\*\*\*\*\*550.00 \*\*\*\*\*550.00

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 HARRIS PROPERTIES INC BY: LAMONT B. HARRIS

DATE

4-3-98

Typed or Printed Name of General Partner Signing Form

LAMONT B. P. HARRIS, PRESIDENT

Daytime Telephone Number

561-697-4433

CR2E003 (6/97)