FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1. Name of Limited Partnership

1a. DOCUMENT # A96000000292 FILED SECRETARY OF STATE DIV

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CANNOVA FIRST FAMILY L	IMITED PARTNERSHIP	o			
Mailing Address	Principal Office Address	·	3. Date Formed or Registered	5a. Capital Contributions as	
P.O. BOX 66765 ST. PETE BEACH FL 33736-6765	Bayway Isles II 5399 61ST AVE. S. ST. PETERSBURG FL 33715	5399 61ST AVE. S.		\$850,000.00	
				5b. Amount of Capital Contributions in FLORIDA to date:	
2. Mailing Address	2a. Principal Office Address	s	4. State or Country of Formation	\$850,000.	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	-	6. FEI Number	Applied For	
City & State	City & State		65-0649089	Not Applicable	
Zip Country	Zip	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 C	urrent Registered Agent		10. If changed, new Registere	d Agent/Office	
COLADDETTA CTTUEN A		Name			
SCIARRETTA, STEVEN A 2300 GLADES RD., STE. 302E		Street Address (P.O. B Suite, Apt. #, etc.		Box Number is Not Acceptable)	
BOCA RATON FL 33431					
		City		FL Zip Code	
	ice or registered agent, or both, in the State of		ip organized or registered under the laws of the was authorized by its general partner(s). I hereb		
for the purpose of changing its registered off agent. I am familiar with, and accept the oblication of the control of the cont	ice or registered agent, or both, in the State of gations of section 620.192, Florida Statutes. IAT IS A CORPORATION	f Florida. Such change v	vas authorized by its general partner(s). I hereb	y accept the appointment of registered	
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