

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 12 AM 8:37

1. Name of Limited Partnership

1a. DOCUMENT #
A96000000645

SUNDY AVE. LIMITED PARTNERSHIP



Mailing Address

690 SUNDY AVE
DELRAY BEACH FL 33444

Principal Office Address

690 SUNDY AVE
DELRAY BEACH FL 33444

3. Date Formed or Registered

03/28/1996

5a. Capital Contributions as
Shown on record

\$20,100.00

3a. Date of Last Report

09/30/1996

5b. Amount of Capital
Contributions in FLORIDA
to date

\$20,100.00

4. State or Country of Formation

FL

2. Mailing Address

12922 Cocoa Pine Drive

Suite, Apt. #, etc.

2a. Principal Office Address

12922 Cocoa Pine Drive

Suite, Apt. #, etc.

City & State

Boynton Beach, FL

Zip

33436

Country

USA

City & State

Boynton Beach, FL

Zip

33436

Country

USA

6. FEI Number

65-0655585

☐ Applied For
☒ Not Applicable

7. Certificate of Status Desired

☐ \$8.75 Addtional
Fee Required

8. Make check payable to: Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent

MOORE, W. RODGERS ESQUIRE
MOORE & MENKHAUS, P.A.
4800 N. FEDERAL HIGHWAY, SUITE 210-A
BOCA RATON FL 33431-5176

10. If changed, new Registered Agent/Office

Name

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

Suite, Apt. #, etc.

City

FL

Zip Code

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

**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)

SILVA, ROBERT E

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

~~690 SUNDY AVE~~
12922 Cocoa Pine Dr

11b. City, State & Zip Code

~~DELRAY BEACH FL 33444~~
Boynton Beach, FL 33436

11c. Registration/
Document Number

400002375874--7
-12/17/97-01115-007
****243.75 ****243.75

KWM

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

DATE

Dec 8 97

Typed or Printed Name of General Partner Signing Form

Robert E. Silva

Daytime Telephone Number

(561) 495-7743

CR2E003 (6/97)