

FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP  
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra Northam  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
97 JAN -2 PM 12:14

1. Name of Limited Partnership

1a. DOCUMENT #  
A96000001123

AUTO PARTNERS, LTD.



Mailing Address  
1799 7TH AVENUE NORTH  
LAKE WORTH FL 33461

Principal Office Address  
1799 7TH AVENUE NORTH  
LAKE WORTH FL 33461

3. Date Formed or Registered  
06/14/1996

5a. Capital Contributions as  
Shown on record.  
\$200,000.00

3a. Date of Last Report

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

2. Mailing Address

2442 METROCENTRE BLVD. SAME

2a. Principal Office Address

Suite, Apt. #, etc.

4. State or Country of Formation  
FL

6. FEI Number

65-0687810

☐ Applied For  
☐ Not Applicable

Suite, Apt. #, etc.

City & State  
WEST PALM BEACH, FL

City & State

Zip Country  
33407 PALM BEACH

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 Current Registered Agent

GIBSON, THOMAS R  
1799 7TH AVENUE NORTH  
LAKE WORTH FL 33461

10. If changed, new Registered Agent/Office

Name

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

2442 METROCENTRE BLVD.

Suite, Apt. #, etc.

City

WEST PALM BEACH

State

FL

Zip Code

33407

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)

HYPOLUXO AUTO COMPANY

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

1799 7TH AVENUE NORTH

11b. City, State & Zip Code

LAKE WORTH FL 33461

11c. Registration/  
Document Number

P96000049622

400002057784--3  
-01/14/97--01166--003  
\*\*\*\*576.25 \*\*\*\*576.25

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

Thomas R. Gibson

DATE

12/20/96

Typed or Printed Name of General Partner Signing Form

Thomas R. Gibson

Daytime Telephone Number

561-586-0201

CR2E003 (6/96)