

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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

98 DEC 14 AM 8:34

unfiled  
12/21

1. Name of Limited Partnership

1a. DOCUMENT #  
A96000001340

D. JOAN MCWILLIAMS FAMILY LIMITED PARTNERSHIP

Mailing Address

Principal Office Address

1790 HIGHWAY A1A, #209-  
SATELLITE BEACH FL 32937

1790 HIGHWAY A1A, #209-  
SATELLITE BEACH FL 32937

3. Date Formed or Registered

07/01/1996

5a. Capital Contributions as  
Shown on record.

\$350,000.00

3a. Date of Last Report

12/15/1997

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

158,808

4. State or Country of Formation

FL

6. FEI Number

59-3392450

☐ 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)

2. Mailing Address

2a. Principal Office Address

517 N. Harbor City Blvd #B  
Suite, Apt. #, etc.

517 N. Harbor City Blvd #B  
Suite, Apt. #, etc.

City & State

City & State

MELBOURNE FL

MELBOURNE FL

Zip Country

Zip Country

32935 USA

32935 USA

9. Name and Address of Current Registered Agent

MCWILLIAMS, D. JOAN  
1790 HIGHWAY A1A, #209-  
SATELLITE BEACH FL 32937

10. If changed, new Registered Agent/Office

Name

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

517 HARBOR CITY BLVD #B

Suite, Apt. #, etc.

City

MELBOURNE

FL

Zip Code

32935

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)

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

11b. City, State & Zip Code

11c. Registration/  
Document Number

MCWILLIAMS, D. JOAN

MCWILLIAMS, DAVID T

517 N. HARBOR CITY BLVD #B  
1790 HIGHWAY A1A, #20

517 N. HARBOR CITY BLVD #B  
1790 HIGHWAY A1A, #20

517 N. HARBOR CITY BLVD #B

MELBOURNE, FL 32935  
SATELLITE BEACH FL 32

SATELLITE BEACH FL 32  
MELBOURNE, FL 32935

100002719521--2  
-12/22/98--01081--003  
\*\*\*\*526.25 \*\*\*\*526.25

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

DATE

12-2-98

Typed or Printed Name of General Partner Signing Form

DAVID T. McWilliams

Daytime Telephone Number

407-777-5054

CR2E003 (8/98)