

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 8:32

ymtr
12/21



1. Name of Limited Partnership

1a. DOCUMENT #
A96000001341

DAVID T. MCWILLIAMS FAMILY LIMITED PARTNERSHIP

Mailing Address

Principal Office Address

4790 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

01/15/1998

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

112,181

4. State or Country of Formation

FL

6. FEI Number

59-3392451

☐ 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

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

2a. Principal Office Address

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

City & State

MELBOURNE FL

City & State

MELBOURNE FL

Zip

32935 USA

Zip

32935 USA

9. Name and Address of Current Registered Agent

MCWILLIAMS, DAVID T
4790 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 N. 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)

MCWILLIAMS, D. JOAN
MCWILLIAMS, DAVID T

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

517 N. Harbor City Blvd #B
4790 HIGHWAY A1A, #209
517 N. Harbor City Blvd #B
4790 HIGHWAY A1A, #209

11b. City, State & Zip Code

MELBOURNE, FL 32935
SATELLITE BEACH FL 32
MELBOURNE, FL 32935
SATELLITE BEACH FL 32

11c. Registration/
Document Number

9000002719519--8
-12/22/98--01081--002
****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

409-777-5054

CR2E003 (8/98)