

FILE ON OR BEFORE APRIL 9, 1997 TO AVOID REVOCATION
AND \$500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1997



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 APR -9 AM 9:20

1. Name of Limited Partnership

1a. DOCUMENT #
A96000001742

VALLEY FAMILY PARTNERS, LTD.



Mailing Address
7297 W. OAKRIDGE CIRCLE
LANTANA FL 33462

Principal Office Address
7297 W. OAKRIDGE CIRCLE
LANTANA FL 33462

3. Date Formed or Registered
09/18/1996

5a. Capital Contributions as
Shown on record.
\$850,200.00

3a. Date of Last Report

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

4. State or Country of Formation
FL

2. Mailing Address

2a. Principal Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

6. FEI Number

☒ Applied For
☐ Not Applicable

City & State

City & State

7. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

Zip

Country

Zip

Country

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

9. Name and Address of Current Registered Agent

BRADEN, DANA D
1660 SOUTHERN BLVD., SUITE D
WEST PALM BEACH FL 33406

10. If changed, new Registered Agent/Office

Name
TAINA H. LEINONEN
Street Address (P.O. Box Number Is Not Acceptable)
508 Lucerne Avenue
Suite, Apt. #, etc.

City
Lake Worth
FL Zip Code
33460

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)

Taina H. Leinonen

DATE

4/8/97

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

VALLEY, CARL
REGINA K. VALLEY, AS TRUSTEE

36-46 RIVER RD. C/O A
7297 W. OAKRIDGE CIRC

CHATHAM NJ 07928
LANTANA FL 33462

CR

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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

Regina Valley, T.T.E.E.

DATE

April 5, 1997

Typed or Printed Name of General Partner Signing Form

REGINA VALLEY

Daytime Telephone Number

561-588-5555

CR2E003 (11/96)