

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 NOV 17 PM 12:17

1. Name of Limited Partnership

1a. DOCUMENT #
A96000001833

MAURUKAS FAMILY LIMITED PARTNERSHIP

Mailing Address

7300 SUN ISLAND DRIVE SOUTH
SUITE 1606
SOUTH PASADENA FL 33707

Principal Office Address

7300 SUN ISLAND DRIVE SOUTH
SUITE 1606
SOUTH PASADENA FL 33707

2. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

2a. Principal Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

3. Date Formed or Registered

10/01/1996

3a. Date of Last Report

02/03/1997

4. State or Country of Formation

FL

6. FEI Number

59-3408916

7. Certificate of Status Desired

☐ Applied For
☐ Not Applicable

☐ \$8.75 Additional
Fee Required

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

FL

9. Name and Address of Current Registered Agent

MAURUKAS, JONAS
7300 SUN ISLAND DRIVE SOUTH
SUITE 1606
SOUTH PASADENA FL 33707

10. If changed, new Registered Agent/Office

Name

Street Address (P.O. Box Number) **000002352350-9**

Suite, Apt. #, etc.

11/19/97-01099-003
******541.25 ****541.25**

City

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)

MAURUKAS, JONAS
MAURUKAS, R. DALIA

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

7300 SUN ISLAND DRIVE
7300 SUN ISLAND DRIVE

11b. City, State & Zip Code

SOUTH PASADENA FL 337
SOUTH PASADENA FL 337

11c. Registration/
Document Number

Handwritten signature and date 11-18

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

R. Dalia Maurukas

Typed or Printed Name of General Partner Signing Form

R. Dalia Maurukas

DATE

Nov. 12, 1997

Daytime Telephone Number

813-367-2544

CR2003 (6/97)