

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 Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 MAR -5 AM 9:27

1. Name of Limited Partnership STREIFF FAMILY LIMITED PARTNERSHIP		1a. DOCUMENT # A96000002002	
Mailing Address #7 Crownhill Chesterfield, MO 63005		Principal Office Address same	
2. Mailing Address #7 Crownhill Suite, Apt. #, etc.		2a. Principal Office Address same Suite, Apt. #, etc.	
City & State Chesterfield, MO		City & State	
Zip 63005		Country	
3. Date Formed or Registered October 22, 1996		3a. Date of Last Report N/A	
4. State or Country of Formation Florida		5a. Capital Contributions as Shown on record \$1,000,000	
6. FEI Number N/A		5b. Amount of Capital Contributions in FLORIDA to date: \$846,405	
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 Corporate Service Company 1201 Hay Street Tallahassee Florida 32301		10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is not acceptable) Suite, Apt. #, etc. City	
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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
RALPH V. STREIFF	7 CROWNHILL	Chesterfield, Mo. 63005	A96000002002
VERA J. STREIFF	7 CROWNHILL	Chesterfield, Mo. 63005	A96000002002

Not: 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 the 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

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

CR2E003 (6/96)