

FILE ON OR BEFORE APRIL 7, 1999 TO AVOID
REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 APR -6 AM 10:20

1. Name of Limited Partnership

1a. DOCUMENT #
A96000002012

SPRING VALLEY FINANCING PARTNERSHIP, LTD.

Mailing Address

C/O DARYL B. CRAMER, P.A.
515 N. FLAGLER DR., SUITE 910
WEST PALM BEACH FL 33401

Principal Office Address

C/O DARYL B. CRAMER, P.A.
515 N. FLAGLER DR., SUITE 910
WEST PALM BEACH FL 33401

2. Mailing Address

2a. Principal Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

3. Date Formed or Registered

10/29/1996

3a. Date of Last Report

04/08/1998

4. State or Country of Formation

FL

6. FEI Number

65-0705343

7. Certificate of Status Desired

5a. Capital Contributions as
Shown on record

\$1,300,000.00

5b. Amount of Capital
Contributions in FLORIDA
to date

1,300,000.00

☐ Applied For
☐ Not Applicable

☒ \$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

DARYL B. CRAMER, P.A.
515 N. FLAGLER DR., SUITE 910
WEST PALM BEACH FL 33401-5010

10. If changed, new Registered Agent/Office

Name

Street Address (P.O. Box Number is not acceptable)

Suite, Apt. #, etc.

City

000002834228-7

04/09/99 01004-020

***535.00 ***535.00

FL

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)

SPRING VALLEY GENERAL PARTNE

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

250 AUSTRALIAN AVENUE
515 N. Flagler Dr.

11b. City, State & Zip Code

WEST PALM BEACH FL 33

11c. Registration/
Document Number

P96000079941

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 3/22/99

Typed or Printed Name of General Partner Signing Form **Fabrizio Lucchese, Secretary**

Daytime Telephone Number 905/882-1212

CR2E003 (12/98)