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

96 DEC 31 AM 10:53

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1. Name of Limited Partnership

1a. DOCUMENT #
A96000002110

KALLMAN FAMILY PARTNERS, LTD.

Mailing Address
2245 NW 24TH AVE
GAINESVILLE, FL 32605

Principal Office Address
2245 NW 24TH AVE
GAINESVILLE, FL
32605

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
NOV 11, 1996

3a. Date of Last Report
N.A.

4. State or Country of Formation
ALACHUA

5a. Capital Contributions as Shown on record
$375,000

5b. Amount of Capital Contributions in FLORIDA to date
$375,000

6. FEI Number
☒ 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)

9. Name and Address of Current Registered Agent

CLAYTON H. KALLMAN
2245 NW. 24TH AVE
GAINESVILLE, FL 32605

10. If changed, new Registered Agent/Office

Name
Street Address (P.O. Box Number Is Not Acceptable)
Suite, Apt. # etc
City **FL** Zip Code

300002052053--9
-01/03/97--01022--024
****576.25 ****576.25

10a. Pursuant to the provisions of Sections 620.1061 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
CLAYTON H. KALLMAN	2245 NW 24TH AVE	GAINESVILLE, FL 32605	N.A.
LINDA G. KALLMAN	2245 NW 24TH AVE	GAINESVILLE, FL 32605	N.A.

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I am 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 w/ in 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 Clayton H Kallman DATE 12/28/96

Typed or Printed Name of General Partner Signing Form CLAYTON H. KALLMAN Daytime Telephone Number (352) 376-6066

CR2E003 (6/96)