

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED PARTNERSHIP
ANNUAL REPORT
1997



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

1. Name of Limited Partnership

1a. DOCUMENT #
A96000002120

ENTREPRENEUR ASSOCIATES, LTD.



Mailing Address

567 RIVERSIDE DRIVE
PALM BEACH GARDENS FL 33410

Principal Office Address

567 RIVERSIDE DRIVE
PALM BEACH GARDENS FL 33410

3. Date Formed or Registered

11/15/1996

5a. Capital Contributions as
Shown on record.

\$495,000.00

3a. Date of Last Report

N/A

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

\$ 495,000

4. State or Country of Formation

FL

6. FEI Number

65-0709172

☐ 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

HERRITT, JAMES R
567 RIVERSIDE DRIVE
PALM BEACH GARDENS FL 33410

10. If changed, new Registered Agent/Office

Name

N/A

Street Address (P.O. Box Number is Not Acceptable)

100002098081--8

Suite, Apt. #, etc.

-02726797--01013--007

City

541.25 541.25

FL

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)

James R. Herritt

DATE FEB. 17, 1997

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)

RECTOR, E. IRENE

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

567 RIVERSIDE DR

11b. City, State & Zip Code

PALM BEACH GARDENS FL

11c. Registration/
Document Number

~~A96000002120~~

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

E. Irene Rector

DATE FEB. 17, 1997

Typed or Printed Name of General Partner Signing Form

E. Irene Rector

Daytime Telephone Number

(561) 622-4694

sub. fee

102.75

0002115

CR2E003 (1/96)