

**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 Morham
Secretary of State
DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

97 JAN 27 AM 10:48

1. Name of Limited Partnership

1a. **DOCUMENT #**
A96000002202

The Ponce Family Limited Partnership

Mailing Address

Principal Office Address

**57 Comares Avenue
St. Augustine, FL 32084**

same

3. Date Formed or Registered

12-03-96

5a. Capital Contributions as
Shown on record

\$5,000,000

3a. Date of Last Report

N/A

5b. Amount of Capital
Contributions in FLORIDA
to date

4. State or Country of Formation

Florida

2. Mailing Address

2a. Principal Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

**L. A. Gornto, Jr., Esq.
149-F S. Ridgewood Avenue
Daytona Beach, FL 32114**

10. If changed, new Registered Agent/Office

Name

David M. Ponce

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

57 Comares Avenue

Suite, Apt. #, etc.

City

St. Augustine

Zip Code

FL

32084

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 **12-20-96**

**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)

**James A. Ponce, Sr. and
Jacqueline S. Ponce, as Trustees
of the following trusts:**

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

57 Comares Avenue

11b. City, State & Zip Code

St. Augustine, FL 32084

11c. Registration/
Document Number

**600002070616--U
-01/28/97-0117-002
****576.25****576.25**

Ponce Irrevocable Trust Dtd. 11/27/96

James A. Ponce, Sr. Trust Dtd. 11/27/96

Jacqueline S. Ponce Trust Dtd. 11/27/96

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

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.

The Ponce Irrevocable Trust Dated 11/27/96

SIGNATURE BY

James A. Ponce, Sr.

DATE

12-20-96

Type or Printed Name of General Partner Signing Form

James A. Ponce, Sr., Trustee

Daytime Telephone Number **(904) 829-8646**

CR2E003 (6/96)