

**FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP  
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

**FILED**

97 JAN 17 AM 10:08

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:**  
**MACCHI FAMILY LIMITED PARTNERSHIP**

**1a. DOCUMENT #**  
**A96000002520**

**Mailing Address:**  
P.O. Box 336  
Oakland, Florida 34760

**Principal Office Address:**  
same

**3. Date Formed or Registered:**  
12/31/96

**5a. Capital Contributions as Shown on record:**  
\$250,000.00

**3a. Date of Last Report:**  
12/31/96

**5b. Amount of Capital Contributions in FLORIDA to date:**  
\$250,000.00

**4. State or Country of Formation:**  
Florida

**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)**

**2. Mailing Address:**  
Suite, Apt. #, etc.  
City & State  
Zip Country

**2a. Principal Office Address:**  
Suite, Apt. #, etc.  
City & State  
Zip Country

**9. Name and Address of Current Registered Agent**

Robert A. Macchi  
Seven Wooden Shoes Lane  
Longwood, Florida 32750

**10. If changed, new Registered Agent/Office**

Name  
**James S. Macchi**

Street Address (P.O. Box Number is Not Acceptable)  
**Seven Woods Shoes Lane**

Suite, Apt. #, etc.

City  
**Longwood**

State  
**FL**

Zip Code  
**32750**

**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 S. Macchi*

DATE **1-8-97**

**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
Macchi Enterprises, Inc.	15240 State Road 438	Winter Garden, Florida 34787	P-96000097218

**500002067005--0**  
**-01/24/97--01013--004**  
**\*\*\*\*576.25 \*\*\*\*576.25**

**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 *Robert A. Macchi* DATE **1-8-97**

Typed or Printed Name of General Partner Signing Form **ROBERT A. MACCHI** Daytime Telephone Number **407/267-5735**

CR2003 (6/96)