

FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT  
TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP  
ANNUAL REPORT  
1998



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

FILED  
97 DEC -4 AM 10:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



3/12/5

1. Name of Limited Partnership		1a. DOCUMENT # A97000000277	
FITZGERALD FAMILY LIMITED PARTNERSHIP			
Mailing Address LAW OFFICES OF JOHN E. FITZGERALD P.O. BOX 619 GLEN FALLS NY 12801-0619		Principal Office Address APT. 803, CORNICHE CONDOMINIUM 5200 NORTH OCEAN DRIVE RIVERIA BEACH FL 33404	
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 01/31/1997		5a. Capital Contributions as Shown on record. \$0.00	
3a. Date of Last Report		5b. Amount of Capital Contributions in FLORIDA to date. — 0 —	
4. State or Country of Formation FL		6. FEI Number NO EMPLOYEES <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
7. Certificate of Status Desired <input type="checkbox"/> \$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 STOBS, DONALD W JR ESQ 581 NORTHEAST 91 STREET MIAMI SHORES FL 33138		10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City	
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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)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/Document Number
FITZGERALD, JOHN E FITZGERALD, VIRGINIA Z	56 BLIND ROCK RD 56 BLIND ROCK RD	QUEENSBURY NY 12804 QUEENSBURY NY 12804	

**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

Typed or Printed Name of General Partner Signing Form

JOHN E. FITZGERALD

Daytime Telephone Number

518-798-4332

CP2E003 (6/97)