

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. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

98 APR 27 PM 4:06

1. Name of Limited Partnership

1a. DOCUMENT #
A97000000621

MACT FAMILY PARTNERSHIP, LTD.

Mailing Address

659 NORTH BISCAYNE RIVER DRIVE
MIAMI FL 33169

Principal Office Address

659 NORTH BISCAYNE RIVER DRIVE
MIAMI FL 33169

3. Date Formed or Registered

03/13/1997

5a. Capital Contributions as
Shown on record.

\$99.00

3a. Date of Last Report

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

4. State or Country of Formation

FL

2. Mailing Address

15405 NW 7 AVE

2a. Principal Office Address

15405 NW 7 AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

City & State

MIAMI, FLORIDA

Zip

33169 USA

Zip

33169 USA

6. FEI Number

65-0750475

☐ 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

SULLIVAN, RAYMOND P
C/O MACT FAMILY CORPORATION
659 NORTH BISCAYNE RIVER DRIVE
MIAMI FL 33169

10. If changed, new Registered Agent/Office

Name

SULLIVAN, RAYMOND P

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

15405 NW 7 AVE

Suite, Apt. #, etc.

City

MIAMI

FL

Zip Code

33169

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 12/26/97

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)

MACT FAMILY CORPORATION

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

659 NORTH BISCAYNE RI

11b. City, State & Zip Code

MIAMI FL 33169

11c. Registration/
Document Number

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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

12/26/97

Typed or Printed Name of General Partner Signing Form

Raymond P. Sullivan

Daytime Telephone Number

315-681-6100

CR2E003 (6/97)