

LIMITED PARTNERSHIP  
ANNUAL REPORT  
**1999**



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

99 JAN 14 AM 7:50

1a. DOCUMENT #  
A97000000621

**MACT FAMILY PARTNERSHIP, LTD.**

QG-AR/C<sup>u</sup><sub>CM</sub>



15405 NW 7TH AVENUE  
MIAMI FL 33169

**\$99.00**

FL

~~65-0750475~~

☐ Applied For  
☐ Not Applicable

**\$8.75** Additional  
Fee Required

**8.** Make check payable to: Dept. of State (See reverse side for fee information)

Zip Country

SULLIVAN, RAYMOND P  
15405 NW 7TH AVENUE  
MIAMI FL 33169

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.

DATE \_

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY  
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11c. Registration/  
Document Number

P97000022945

00000027205.100 - 2  
- 02/09/99- 01120--008  
\*\*\*\*150.00 \*\*\*\*150.00

**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

Daytime Telephone Number

CR2E003 (8/98)