FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1999



FLORIDA DE PARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partnership

DOCUMENT# A97000000621

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MACT FAMILY PARTNERSHIP, LTD. 3. Date Formed or Registered 5a. Capital Contributions as Shown on record Mailing Address Principal Office Address 15405 NW 7TH AVENUE 15405 NW 7TH AVENUE 03/13/1997 \$99.00 3a, Date of Last Report MIAMI FL 33169 MIAMI FL 33169 04/27/1998 **5b.** Amount of Capital Contributions in Fig ORIDA to date 4. State or Country of Formation 2. Mailing Address 2a. Principal Office Address Suite, Apt. #, etc. Suite, Apt. #, etc. 6. FEI Number Applied For. 65-0760475 Not Applicable City & State City & State 7. Certificate of Status Desired \$8.75 Additional Fee Required Country Country 8. Make the ik payable to Dept. of State (See reverse side for fee information) Name and Address of Current Registered Agent 10. If changed, new Registered Agent/Office SULLIVAN, RAYMOND P Street Address (F.O. Box Number is Not Acceptable) 15405 NW 7TH AVENUE MIAM! FL 33169 Suite, Apt. #, et 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). Thereby accept the appointment of registered agent. Lam familiar with, and accept the obligations of section 620 192, Florida Statutes SIGNATURE (Registered Agent Accepting Appointment). A GENERAL PARTNER THAT IS Á CORPORÁTION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. 11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) Registration/ Document Number 11. Name(s) of General Partner(s) 11b. City State & Zip Code 11c. MACT FAMILY CORPORATION 659 NORTH BISCAYNE RI MIAMI FL 33169 P97000022945 programme Translate 🔻 🕾 - n27n97\$9- - **n11**20- -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)(a). Final a Statutus Trackase the Division of Corporations from any liability of non-compliance with Section 119 07(3)(k) in the event that the information supplied is decread event through the problem of 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, Fronda Statutes.

Typed or Printed Name of General Partner Signing Form

DATE

Daytime Telephone Number