## 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 DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partnership

DOCUMENT # A97000000645

## FILED

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SECRETARY OF STATE TALLAHASSEE. FLORIDA



## **D4 LIMITED PARTNERSHIP** 3. Date Formed or Registered 5a. Capital Contributions as Shown on record. Mailing Address Principal Office Address 03/17/1997 2018 FRANKLIN AVE 2018 FRANKLIN AVE \$200,000.00 MC LEAN VA 22101 MC LEAN VA 22101 3a. Date of Last Report 06/22/1998 5b. Amount of Capital Contributions in FLORIDA 4. State or Country of Formation 2. Mailing Address 2a. Principal Office Address Suite, Apt. #, etc. Suite, Apt. #, etc. 6. FEI Number Applied For NOT APPLICABLE Not Applicable City & State City & State \$8.75 Additional Fee Required 7. Certificate of Status Desired Country Zip Country side for fee information) 8. Make check payable 9. Name and Address of Current Registered Agent 10. If changed, new Registered Agent/Office SMITH, SCOTT G ESQ Street Address (P.O. Box Number Is Not Acceptable) 1301 ASTURIA <del>300002744983</del> -01/15/99--01123--021 CORAL GABLES FL 33134 Suite, Apt. #, etc. City 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. 11a. (Do NOT Use Post Office Box Numbers) Registration/ 11c. 11. City, State & Zip Code Name(s) of General Partner(s) Document Number D'ERMO, DOMINIQUE 2018 FRANKLIN AVE MC LEAN VA 22101 DAMEWOOD, DIANA 2018 FRANKLIN AVE MC LEAN VA 22101 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 filling 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 each. 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.

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Typed or Printed Name of General Partner Signing Form