

APPLICATION FOR RENEWAL STATEMENT FOR LIMITED PARTNERSHIP

FLORIDA DEPARTMENT OF REVENUE
Sandra B. Northrup
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

98 DEC 28 PM 3:56

DO NOT WRITE IN THIS SPACE

DOCUMENT # A97000000692

1. Name of Limited Partnership

American Freedom Inv, Ltd.

2. Mailing Address

3589 S Ocean Blvd

Suite, Apt. #, etc. 801

City & State Palm Beach FL

Zip 33480

Country Balm Beach

3. Principal Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Formed or Registered To Do Business in Florida

5. FEI Number

65-050637

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required for a Certificate of Status

7. State or Country of Formation FL

8a. Capital Contributions as Shown on Record.

8b. Amount of Capital Contributions in FLORIDA to date.

FEES: 1.) Filing Fee(s): Computed at a rate of \$7 per \$1,000 on amount entered in 8b, with a minimum filing fee of \$52.50 and a maximum of \$437.50, for each year due this office, beginning with 1992 calendar year.
2.) Supplemental Fee(s): \$88.75 for each year due this office, beginning with 1992 calendar year.
3.) Penalty Fee(s): \$500 penalty fee for each year report form is delinquent.
Note: If the amount entered in 8b is greater than amount entered in 8a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.

9. Name and Address of Current Registered Agent

10. If changed, new registered agent/office

Frances Livermore
3589 S. Ocean Blvd # 801
Palm Beach FL 33480

Name

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

Suite, Apt. #, etc.

City

000002726498-1

-12/30/98-01060-001

***782.50 ***782.50

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. Names of General Partner(s)

Address of Each General Partner (Do NOT Use Post Office Box Number)

City, State and Zip Code

11a. Registration Document Number

Amerfirst Financial Corp
(of Nevada)

3589 S Ocean Blvd #801
Palm Beach FL 33480



See on file

96-18753

RENEWAL STATEMENT

98-99

OK 12-28

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

Frances Livermore Ex Amerfirst

Telephone Number

301 5628842

CR2E039 (12/97)