

**FILE ON OR BEFORE APRIL 7, 1999 TO AVOID
REVOCATION AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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FILED
59 APR -9 PM 4:28
DIVISION OF STATE
TALLAHASSEE, FLORIDA



1. Name of Limited Partnership	1a. DOCUMENT # A97000001016
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ANGELO'S AGGREGATE MATERIALS, LTD.

Mailing Address 26400 SHERWOOD WARREN MI 48091	Principal Office Address 26400 SHERWOOD WARREN MI 48091	3. Date Formed or Registered 05/07/1997	5a. Capital Contributions as Shown on record \$300,000.00
2. Mailing Address	2a. Principal Office Address	3a. Date of Last Report 05/08/1998	5b. Amount of Capital Contributions in FLORIDA to date \$1,400,000.00
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. State or Country of Formation FL	
City & State	City & State	6. FEI Number 59-3448428	☐ Applied For ☐ Not Applicable
Zip	Country	7. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
		8. Make check payable to Dept. of State (See reverse side for fee information) \$526.25	

9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City Walt 4/15 FL
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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. Name(s) of General Partner(s)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/Document Number
IAFRATE FLORIDA PROPERTIES,	26400 SHERWOOD	WARREN MI 48091	P97000040503

100002834411-6
-01/09/99-01040-013
****526.25 ****526.25

OR2E003 (12/98)

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

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

April 5, 1999

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number