

FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP  
ANNUAL REPORT  
1998



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

97 DEC 17 AM 9:32 #1219



1. Name of Limited Partnership

1a. DOCUMENT #  
A97000001044

HOSTETTER FAMILY PARTNERSHIP, LTD.

Mailing Address

~~CHARLES T. HOSTETTER~~  
~~1747 DEL WEBB BOULEVARD~~  
~~SUN CITY CENTER FL 33573~~

Principal Office Address

~~1747 DEL WEBB BOULEVARD~~  
~~SUN CITY CENTER FL 33573~~

3. Date Formed or Registered

05/09/1997

5a. Capital Contributions as Shown on record

\$943,743.28

3a. Date of Last Report

N/A - FORMED IN '97

5b. Amount of Capital Contributions in FLORIDA to date:

\$ 828,294.39

4. State or Country of Formation

FL

6. FEI Number

59-7094063

☐ Applied for  
☐ Not Applicable

7. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

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

2. Mailing Address

C/O CHARLES T. HOSTETTER

Suite, Apt. #, etc.  
1747 WEST DEL WEBB BLVD

City & State  
SUN CITY CENTER, FL

Zip Country  
33573

2a. Principal Office Address

Suite, Apt. #, etc.  
1747 WEST DEL WEBB BLVD

City & State  
SUN CITY CENTER, FL

Zip Country  
33573

9. Name and Address of Current Registered Agent

~~HOSTETTER, CHARLES T.~~  
~~1747 DEL WEBB BOULEVARD~~  
~~SUN CITY CENTER FL 33573~~

10. If changed, new Registered Agent

Name  
HOSTETTER, CHARLES T.

Street Address (P.O. Box Number is Not Acceptable)  
1747 WEST DEL WEBB BLVD

Suite, Apt. #, etc.

City Zip Code  
SUN CITY CENTER FL 33573

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)

CHARLES  
HOSTETTER, CHARLES T. TRUSTEE  
HOSTETTER, ROBERT R.  
HOSTETTER, ROBERT R.  
MARLOW, CAROL A

11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)

1747 WEST DEL WEBB BLVD  
1747 DEL WEBB BLVD  
300 BERNICE STREET  
5267 SW COLLEGE

11b. City, State & Zip Code

SUN CITY CENTER FL 33573  
ROME CITY IN 46784  
SEATTLE WA 98116

11c. Registry Document Number

NOTE: GENERAL PARTNERS ARE NOT BEING CHANGED —  
THE ENTRIES ABOVE ARE TO CORRECT SPELLING ONLY

Noted: 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

Charles T. Hostetter

DATE

Typed or Printed Name of General Partner Signing Form CHARLES T. HOSTETTER

Daytime Telephone Number (813) 642-0037

CR2E003 (6/97)