

**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 OCT -9 PM 2:08



1. Name of Limited Partnership

1a. DOCUMENT #
A97000001449

KERLEY FAMILY LIMITED PARTNERSHIP #1, LTD.

Mailing Address

195 HELIOS DRIVE
JUPITER FL 33477

Principal Office Address

195 HELIOS DRIVE
JUPITER FL 33477

3. Date Formed or Registered

07/01/1997

5a. Capital Contributions as
Shown on record

\$3,000,000.00

3a. Date of Last Report

5b. Amount of Capital
Contributions in Ft. ORIDA
to date:

4. State or Country of Formation

FL

6. F&I Number

☐ 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

Suite, Apt. #, etc.

City & State

Zip

Country

2a. Principal Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

9. Name and Address of Current Registered Agent

**PANAGOS, PAUL
PANAGOS & SALVER, P.A.
5881 N.W. 151 ST., SUITE 101
MIAMI LAKES FL 33014**

10. If changed, new Registered Agent/Office

Name

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

Suite, Apt. #, etc.

City

9000002319199-3

-10/13/97-01116-012

*****541.25 FL ***541.25**

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

KERLEY, JOHN J

KERLEY, BARBARA B

195 HELIOS DRIVE

195 HELIOS DRIVE

JUPITER FL 33477

JUPITER FL 33477

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

John J. Kerley

DATE

10-6-97

Typed or Printed Name of General Partner Signing Form

JOHN J. KERLEY

Daytime Telephone Number

(561) 7439149

CR2E003 (6/97)