

**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

SECRET
DIVISION OF CORPORATIONS
99 FEB -1 PM 4:19

1. Name of Limited Partnership

1a. DOCUMENT #
A97000001455

E.T.I.R.A., LTD.

Mailing Address

Principal Office Address

276 1/2 NORTH MAIN ST.
PENNINGTON NJ 08534

276 1/2 NORTH MAIN ST.
PENNINGTON NJ 08534

2. Mailing Address

2a. Principal Office Address

Suite, Apt #, etc

Suite, Apt #, etc

City & State

City & State

Zip Country

Zip Country



3. Date Formed or Registered

07/01/1997

3a. Date of Last Report

07/14/1998

4. State or Country of Formation

FL

6. FID Number

22-3596692
-58-2341248

☐ 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)

\$437.50

9. Name and Address of Current Registered Agent

HAINES, TIM D
125 N.E. 1ST AVENUE, SUITE 1
OCALA FL 34470

Name

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

Suite, Apt #, etc

City

FL Zip Code

10. If changed, new Registered Agent/Office

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)

E.T.I.R.A., INC.

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

276 1/2 NORTH MAIN ST

11b. City, State & Zip Code

PENNINGTON NJ 08534

11c. Registration/
Document Number

P97000057730

8000002764409--6
-02/04/99--01019--013
*****437.50 *****437.50
8000002764409--6
-02/04/99--01019--014
*****88.75 *****88.75

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 release. 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

Ernest Theurer
Ernest Theurer

DATE

12/30/98
609-818-1370

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

CR2E003 (8/98)