

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 31 PM 3:11



1. Name of Limited Partnership

1a. DOCUMENT #  
A97000001495

ONE SKY ASSET MANAGEMENT, LTD.

Mailing Address

125 WORTH AVENUE, STE. 212  
PALM BEACH, FL 33480

Principal Office Address

3111 UNIVERSITY DR., STE. 725  
CORAL SPRINGS FL 33065

3. Date Formed or Registered

07/08/1997

5a. Capital Contributions as  
Shown on record

\$7,500.00

3a. Date of Last Report

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

220,100-

4. State or Country of Formation

FL

6. FEI Number

65-0790269

☐ 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

100 EAST Linton Blvd.

Suite, Apt. #, etc.

STE. 401A

City & State

Delray Beach, Fla.

Zip

33483

Country

U.S.A.

2a. Principal Office Address

100 EAST Linton Blvd.

Suite, Apt. #, etc.

STE. 401A

City & State

Delray Beach, Fla.

Zip

33483

Country

U.S.A.

9. Name and Address of Current Registered Agent

VALDES-FAULI CORPORATE SERVICES, INC.  
777 SOUTH FLAGLER DR.  
SUITE 600 - EAST TOWER  
WEST PALM BEACH FL 33401

10. If changed, new Registered Agent/Office

Name

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

Suite, Apt. #, etc.

City

FL

Zip Code

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

12/3/97

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)

ONE SKY ASSET MANAGEMENT, IN  
CTCP, INC.

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

3111 UNIVERSITY DRIVE  
125 WORTH AVENUE, STE

11b. City, State & Zip Code

CORAL SPRINGS FL 3306  
PALM BEACH FL 33480

11c. Registration/  
Document Number

P97000052384  
P97000058920

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-01/12/98--01017--007  
\*\*\*2029.45 \*\*\*541.25

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

President CTCP, Inc

DATE

12/3/97

Typed or Printed Name of General Partner Signing Form

Michael G. Blackman CTCP

Daytime Telephone Number

888-778-8388

CP2E003 (6/97)