

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

98 JAN -5 PM 12:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

98 1/16

1. Name of Limited Partnership  
Manning Family  
Limited Partnership

1a. DOCUMENT #  
A97000001550

Mailing Address

Principal Office Address

3. Date Formed or Registered  
July 15, 1997

5a. Capital Contributions as  
Shown on record.  
808,000.00

3a. Date of Last Report  
None

5b. Amount of Capital  
Contributions in FLORIDA  
to date:  
0.00

4. State or Country of Formation  
Florida

6. FEI 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  
P.O. Box One

2a. Principal Office Address  
606 Bald Eagle Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 500

City & State  
Marco Island, Florida

City & State  
Marco Island, Florida

Zip Country  
34146

Zip Country  
34145

9. Name and Address of Current Registered Agent

10. If changed, new Registered Agent/Office

Name  
John A. Garner  
Street Address (P.O. Box Number is Not Acceptable)  
606 Bald Eagle Drive  
Suite, Apt. #, etc.  
Suite 500  
City  
Marco Island  
FL 34145

10a. Pursuant to the provisions of sections 620.10(1) 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 12/23/97

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)

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

11b. City, State & Zip Code

11c. Registration/  
Document Number

A.M. Manning

634 Palm Avenue

Goodland, FL 34140

000002405680-- 6  
-01/20/98--01171--009  
\*\*\*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

DATE 12/31/97  
941-394-1867

Typed or Printed Name of General Partner Signing Form A.M. Manning

Daytime Telephone Number

CR2003 (6/97)