

FILE ON OR BEFORE APRIL 8, 1998 TO AVOID  
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

98 MAR 20 AM 10:54

1. Name of Limited Partnership

1a. DOCUMENT #  
A97000001726

NANCY KIRKPATRICK FAMILY LIMITED PARTNERSHIP



Mailing Address

1489 VIA PRIVADA STREET  
JUPITER FL 33477

Principal Office Address

1489 VIA PRIVADA STREET  
JUPITER FL 33477

3. Date Formed or Registered

08/08/1997

5a. Capital Contributions  
\$541,410.17

3a. Date of Last Report

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

\$541,410.22

2. Mailing Address

2a. Principal Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. State or Country of Formation

FL

6. FEI Number

65-0806903

☐ 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)

9. Name and Address of Current Registered Agent

~~SCHENFELDT, STEVEN C  
4801 SOUTH UNIVERSITY DRIVE, SUITE 229  
DAVIE FL 33328~~

10. If changed, new Registered Agent/Office

Name DANIEL S. KATZ

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

4801 S. University Drive, Suite 229

Suite, Apt. #, etc.

City

DAVIE

FL

Zip Code

33328

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 3-2-98

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)

KIRKPATRICK, NANCY

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

6900 POWHATAN DRIVE  
649 Fairway Way

11b. City, State & Zip Code

WICOMICO VA 23184  
Williamsburg Va  
23185

11c. Registration/  
Document Number

FF \$526.25  
CUS 8.75

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\*\*\*\*\*8.75 \*\*\*\*\*8.75

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 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

Nancy M. Kirkpatrick

DATE 3-2-98

Typed or Printed Name of General Partner/Signing Form

Daytime Telephone Number

CR2E003 (12/97)