

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 26 AM 10:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Name of Limited Partnership

THE STOCKEL
FAMILY LIMITED PARTNERSHIP

1a. DOCUMENT #

A97000002033

Mailing Address

4005 GULF SHORE BLVD. N.
#302
NAPLES, FL 34103

Principal Office Address

4005 GULF SHORE BLVD. N.
#302
NAPLES, FL 34103

3. Date Formed or Registered

9/19/97

5a. Capital Contributions as
Shown on record.

\$28,957.50

3a. Date of Last Report

5b. Amount of Capital
Contributions in FLORIDA
to date

\$28,957.50

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

COLLIER/FL

6. FEI Number

59-3467933

☐ 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 information)

400002418384-0
-01/29/98--01093--004

9. Name and Address of Current Registered Agent

IVAR H. STOCKEL
4005 GULF SHORE BLVD. N.
#302
NAPLES, FL 34103

10. If changed, now ****291.45 ****291.45

Name

FF \$291.45

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

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

IVAR H. STOCKEL

4005 GULF SHORE BLVD. N.
#302
NAPLES, FL 34103

NAPLES, FL 34103

A97000002033

VIRGINIA, M. STOCKEL

4005 GULF SHORE BLVD. N.
#302

NAPLES, FL 34103

A97000002033

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

12/9/97

Typed or Printed Name of General Partner Signing Form

IVAR H. STOCKEL

Daytime Telephone Number

941 434 5527

CR2E003 (6/97)