

**FILE ON OR BEFORE APRIL 8, 1998 TO AVOID  
REVOCATION AND \$500 PENALTY FEE**

**A97 000002041**  
 LIMITED PARTNERSHIP  
 ANNUAL REPORT  
 1997  
 FLORIDA DEPARTMENT OF STATE  
 Sandra B. Morrison  
 Secretary of State  
 DIVISION OF CORPORATIONS

**FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 98 MAY 22 PM 2:56**



**1. Name of Limited Partnership**  
**1a. DOCUMENT #**  
**A97000002041**  
**CASTRO COMMERCIAL REAL ESTATE FAMILY LIMITED PARTNERSHIP**

<b>Mailing Address</b> 237 SOUTH VOLUSIA AVENUE ARCADIA FL 33821	<b>Principal Office Address</b> 237 SOUTH VOLUSIA AVENUE ARCADIA FL 33821
<b>2. Mailing Address</b>	<b>2a. Principal Office Address</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

<b>3. Date Formed or Registered</b> 09/18/1997	<b>5a. Capital Contributions as Shown on record</b> \$20,500.00
<b>3a. Date of Last Report</b>	
<b>4. State or Country of Formation</b> FL	<b>5b. Amount of Capital Contributions in FLORIDA to date:</b>
<b>6. FE# Number</b> 59-3476414	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
<b>7. Certificate of Status Desired</b>	<input type="checkbox"/> \$8.75 Additional Fee Required
<b>8. Make check payable to: Dept. of State (See reverse side for fee information)</b>	

**9. Name and Address of Current Registered Agent**  
 CASTRO, MARIA E  
 237 SOUTH VOLUSIA AVENUE  
 ARCADIA FL 33821

**10. If changed, new Registered Agent/Office**  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 Suite, Apt. #, etc. 500002517745-3  
 -05/28/98--01002--002  
 City \*\*\*732.FL \*\*\*732.25

**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.**

<b>11. Name(s) of General Partner(s)</b>	<b>11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)</b>	<b>11b. City, State &amp; Zip Code</b>	<b>11c. Registration/Document Number</b>
CASTRO, MARIA E J & C CASTRO ENTERPRISES OF	237 SOUTH VOLUSIA AVE 231 SOUTH BREVARD	ARCADIA FL 33821 ARCADIA FL 33821	053 97000019931

**REINSTATEMENT**

**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 effect 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 Maria E. Castro DATE 4/22/98  
 Typed or Printed Name of General Partner Signing Form \_\_\_\_\_ Daytime Telephone Number \_\_\_\_\_

CR2E003 (12/97)