FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND $500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 JAN 20 AM 11:41

1. Name of Limited Partnership

1a. DOCUMENT # A97000002106

THE KAMMANN FAMILY LIMITED PARTNERSHIP

Mailing Address
% LLOYD E. KAMMANN
2616 ABELL ROAD
LAKE PLACID FL 33852

Principal Office Address
% LLOYD E. KAMMANN
2616 ABELL ROAD
LAKE PLACID FL 33852

3. Date Formed or Registered: 09/26/1997
3a. Date of Last Report: 12/18/1997
4. State or Country of Formation: FL
5a. Capital Contributions as Shown on record: $1,170,054.00
5b. Amount of Capital Contributions in FLORIDA to date: SAME
6. FEI Number: 65-0768423 ☐ 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
Suite, Apt #, etc
City & State — SAME
Zip — Country

2a. Principal Office Address
Suite, Apt #, etc
City & State — SAME
Zip — Country

9. **Name and Address of Current Registered Agent**
GLICKMAN, FRED E ESQUIRE
9200 S DADELAND BOULEVARD, SUITE 508
MIAMI FL 33156

10. If changed, new Registered Agent/Office
Name
Street Address (P.O. Box Number Is Not Acceptable)
Suite, Apt #, etc
City — FL

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****437.50 ****437.50

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
KAMMANN, LLOYD E	2616 ABELL ROAD	LAKE PLACID FL 33852	
PRATT, BEVERLY R	198 FARRAGUT ROAD	CINCINNATI OH 45218	
WISSEL, SHARON M	~~724 LAFAYETTE AVENUE,~~ 3609 MILTON AVE.	CINCINNATI OH 45220	
	3609 MIDDLETON AV		

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*****88.75 *****88.75

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 — DATE 12/1/98

Typed or Printed Name of General Partner Signing Form: L. E. Kammann — Daytime Telephone Number: 941-465-7299

CR2E002 (8/98)