

**FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

**FILED**

97 DEC -4 AM 10:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

LIMITED PARTNERSHIP  
ANNUAL REPORT  
**1998**



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

**1.** Name of Limited Partnership

**1a.** DOCUMENT #

49700000229

The Cracchiolo Group  
Limited Partnership

*Handwritten initials/signature*

Mailing Address Principal Office Address

2915 South Congress Ave Bay H  
Delray Beach, FL 33445

**3.** Date Formed or Registered  
October 21, 1997

**5a.** Capital Contributions as Shown on record  
\$1,000,000.00

**3a.** Date of Last Report  
n/a

**5b.** Amount of Capital Contributions in FL ORIDA to date:  
\$ 1,000,000.00

**4.** State or Country of Formation  
FL USA

**6.** FEI Number  
59-1710815  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

**10.** If changed, new Registered Agent/Office

John E. Cracchiolo  
2915 South Congress Ave.  
Bay H  
Delray Beach, FL 33445

Name  
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 11/19/97

**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

Chesterfield Park Corp.

2915 South Congress Ave  
Bay H

Delray Beach, FL  
33445

F97000005546

900002366779--4  
-12/09/97--01052--015  
\*\*\*541.25 \*\*\*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

*Handwritten signature of James M. Cracchiolo*

DATE 11/7/97

Typed or Printed Name of General Partner Signing Form **JAMES M. CRACCHIOLLO**

Daytime Telephone Number **813-782-3294**

CR2E003 (6/97)