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
[redacted]
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 JAN 28 PM 4:39
SECRETARY OF STATE

1. Name of Limited Partnership

Madness, Limited Partnership

1a. DOCUMENT #
A97000002450

Mailing Address
1645 Palm Beach Lakes Blvd.
Suite 1200
West Palm Beach, FL 33401

Principal Office Address
1645 Palm Beach Lakes Blvd.
Suite 1200
West Palm Beach, FL 33401

2. Mailing Address
1645 Palm Beach Lakes Blvd.
Suite, Apt #, etc.
1200
City & State
West Palm Beach, Florida
Zip 33401 Country USA

2a. Principal Office Address
1645 Palm Beach Lakes Blvd.
Suite, Apt #, etc.
1200
City & State
West Palm Beach, Florida
Zip 33401 Country USA

3. 11/12/97

3a. 04/08/98

4. FL

5a. 7,500.00

5b. 7,500.00

6. FEI Number
65-0794144
☐ Applied For
☐ Not Applicable

7. ☐ $8.75 Additional Fee Required

8.

9. Name and Address of Current Registered Agent

Manuel Farach
218 Datura Street, Third Floor
West Palm Beach, FL 33401

10.

Name
Manuel Farach
Street Address
1645 Palm Beach Lakes Boulevard
Suite, Apt #, etc.
1200
City
West Palm Beach **FL** Zip Code 33401

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above named limited partnership submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE (Registered Agent Accepting Appointment) ✗ DATE 1/27/99

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. Document Number
Madness, Inc.	10900 State Road A-1-1	Jensen Beach, FL 34957	P97000096362

4000012 7038514 -- 7
-02/04/99--01112--013
****150.00 ****150.00

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 or the receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE ✗ DATE 01/27/99

Manuel Farach, Director
Typed or Printed Name of General Partner Signing Form

(561) 686-3307
Daytime Telephone Number

CR2E003 (8/98)