

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  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
98 JAN -2 PM 3:40

1. Name of Limited Partnership

THE OLIVA FAMILY  
LIMITED PARTNERSHIP

1a. DOCUMENT #  
A97000002453

Mailing Address

Principal Office Address

11041 N.W. 18<sup>th</sup> MANDR  
PLANTATION, FL 33322

3. Date Formed or Registered

NOV 10, 1997

5a. Capital Contributions as  
Shown on record.

\$1,050,000.00

3a. Date of Last Report

N/A

5b. Amount of Capital  
Contributions in FLORIDA  
to date.

\$1,050,000.00

4. State or Country of Formation

FLORIDA

2. Mailing Address

SAME

2a. Principal Office Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. FEI Number

☒ 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

ARCADIO J. OLIVA  
11041 NW 18<sup>th</sup> MANDR  
PLANTATION, FL 33322

10. If changed, new Registered Agent/Office

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 620.193, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

DATE 12/27/97

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)

ARCADIO J. OLIVA

11a. Address of Each General Partner  
(Do NOT Use Post Office Box Numbers)

11041 NW 18<sup>th</sup> MANDR

11b. City, State & Zip Code

PLANTATION, FL 33322

11c. Registration/  
Document Number

700002406757--4  
-01/21/98--01073--004  
\*\*\*\*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

DATE

Typed or Printed Name of General Partner Signing Form

ARCADIO J. OLIVA

Daytime Telephone Number

(951) 472-8496

CR2E003 (6/97)