

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**

97 DEC 26 PM 3:04

118

1. Name of Limited Partnership:

1a. DOCUMENT #

A97000002777

AEL Limited Partnership

Mailing Address

Principal Office Address

**21115 3rd Street
Land O' Lakes, Florida 34639**

3. Date Formed or Registered

12/19/97

5a. Capital Contributions as Shown on record

\$2,000,000

3a. Date of Last Report

N/A

5b. Amount of Capital Contributions in FLORIDA to date

\$900,000

4. State or Country of Formation

Florida

6. FET 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

**David Almerigi
21115 3rd Street
Land O' Lakes, Florida 34639**

10. If changed, new Registered Agent/Office

**Name
N/A**

Street Address (P.O. Box Number Is Not Acceptable)

Suite, Apt. #, etc.

City

FL

Zip Code

10a. Pursuant to the provisions of sections 620.10(1) and 620.19(2), 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 620.19(2), 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

**David Almerigi, Trustee,
David Almerigi Revocable Trust**

21115 3rd Street

**Land O' Lakes, FL
34639**

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-01/13/98--01027--023
****541.25 ****541.25**

**Carra Lea Almerigi, Trustee,
Carra Lea Almerigi Revocable Trust**

21115 3rd Street

**Land O' Lakes, FL
34639**

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 *David Almerigi*
Typed or Printed Name of General Partner Signing Form: **David Almerigi, Trustee**

DATE **12-24-97**

Daytime Telephone Number (813) 996-5225

CR2E003 (6/97)