

**FILE ON OR BEFORE APRIL 8, 1998 TO AVOID  
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 FEB 16 AM 8:57**

**1. Name of Limited Partnership**

**1a. DOCUMENT #**  
**A97000002875**

**SENTNOR FAMILY LIMITED PARTNERSHIP #1, LTD.**

**Mailing Address**

**Principal Office Address**

8511 LEEWAY LANE  
BOYNTON BEACH FL 33436

8511 LEEWAY LANE  
BOYNTON BEACH FL 33436

**2. Mailing Address**

**2a. Principal Office Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**3. Date Formed or Registered**

12/22/1997

**3a. Date of Last Report**

**4. State or Country of Formation**

FL

**6. FEI Number**

65-0802769

**7. Certificate of Status Desired**

☐ Applied For  
☐ Not Applicable

**8. Make check payable to: Dept. of State (See reverse side for fee information)**

**\$8.75 Additional  
Fee Required**

**5a. Capital Contributions as  
Shown on record.**

\$2,000,000.00

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

\$2,000,000

**9. Name and Address of Current Registered Agent**

LABINER, PAUL S  
2255 GLADES ROAD, SUITE 422A  
BOCA RATON FL 33431

**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 620.192, 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**

SENTNOR, SEYMOUR TRUSTEE

8511 LEEWAY LANE

BOYNTON BEACH FL 3343

SENTNOR, MARILYN A TRUSTEE

8511 LEEWAY LANE

BOYNTON BEACH FL 3343

600002435436--1  
-02/19/98--01071--008  
\*\*\*\*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

*Marilyn Sentnor, Trustee*

DATE

2/5/98

Typed or Printed Name of General Partner Signing Form

MARILYN Sentnor Trustee

Daytime Telephone Number

561-369-5328

CR2E003 (12/97)