

FILE ON OR BEFORE APRIL 7, 1999 TO AVOID
REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 MAR 12 PM 3:56



1. Name of Limited Partnership

1a. DOCUMENT #
A98000000082

HARRISON FAMILY MANAGEMENT COMPANY, LTD.

Mailing Address

14600 SW 83 PLACE
MIAMI FL 33158

Principal Office Address

14600 SW 83 PLACE
MIAMI FL 33158

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

01/08/1998

3a. Date of Last Report

4. State or Country of Formation

FL

5a. Capital Contributions as
Shown on record

\$400,000.00

5b. Amount of Capital
Contributions in FLORIDA
to date

6. FEI Number

65-0806968

☐ 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

DAMIAN, VINCENT E JR.
C/O SALOMON, KANNER, DAMIAN & RODRIGUEZ
80 S.W. 8TH STREET, SUITE 2550
MIAMI FL 33130

Name

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

Suite, Apt. #, etc.

City

FL

Zip Code

10. If changed, new Registered Agent/Office

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 2-12-99

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)

HARRISON FAMILY MANAGEMENT C

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

14600 SW 83 PLACE

11b. City, State & Zip Code

MIAMI FL 33158

11c. Registration/
Document Number

P98000001974

30000028144331-2
03/22/99-01153-002
****526.25 ****526.25

3/12/99

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 X Wendy Q. Harrison

V.P. HFMC

DATE

3/9/99

Typed or Printed Name of General Partner Signing Form

WENDY HARRISON, V.P. HFMC

Daytime Telephone Number

305 266 4667

CR2E003 (12/98)