## 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

1. Name of Limited Partnership

**DOCUMENT #** 

FILED 99 APR -7 AIIII: 23



SATCO HOLDINGS, LTD.	<u> </u>	0103	1.03/2/1.14/1.14/0.10/1.10/1		
Mailing Address 6192 NORTHEAST 72ND PLACE SILVER SPRINGS FL 34488	Principal Office Address 6192 NORTHEAST 72ND PLACE SILVER SPRINGS FL 34488		3. Date Formed or Registered 01/12/1998 3a. Date of Last Report	5a. Capital Contributions as Shown on record \$320,000.00  5b. Amount of Capital Contributions in FLORIDA	
2. Mailing Address	2a. Principal Office Address		4. State or Country of Formation	to date.	
Suite, Apt. #, etc.	Suite, Apt #, etc.		6, FEI Number	Applied For	
City & State	City & State		58 - 236202 7. Certificate of Status Desired	F: <b>\$8,75</b> Add tione:	
Zip Country	Zip Country		8, Make check payable to Dept of	Fee Required  8. Make check payable to Dept of State (See reverse side for fee information)	
9. Name and Address of Current Registered Agent		10, If changed, new Registered Agent/Office			
WRE; DANIEL K 6192 NORTHEAST 72ND PLACE SILVER SPRING FL 34488		Name DAW MANAGEMENT COMPANY, INC.  Street Address (P.O. Box Number Is Not Acceptable)  Suite, Apr #, etc  City  FI 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). Draw Way Co.  DATE 31.29.19.9					
SIGNATURE (Registered Agent Accepting Appointment) Dam Khilly P Dam Wat Car  A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR					
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.					
11. Name(s) of General Partner(s)	11a. (Do NOT Use Post Office Box Numbers)		11b. Cily, State & Zip Code	11c. Registration/ Document Number	
DAW MANAGEMENT COMPANY, INC.	6192 NORTHEAST 72ND P		SILVER SPRING FL 3448	P97000095822	
			Jug. 99	0370684 /\$901144003 28.25 ****526.25	
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.

Typed or Printed Name of General Partner Signing Form Maniet K. WIRT IPDAW 1165 CO

DATE 3/24/19

Daytime Telephone Number 35235144CO x 508f