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 APR 13 PM 4:28

1. Name of Limited Partnership

1a. DOCUMENT # A98000000172

Cicconi Family Partnership, Ltd.

Mailing Address
c/o Alex Katz Esquire
940 Pennsylvania Blvd
Feasterville, PA 19053

Principal Office Address

2. Mailing Address
c/o Alex Katz, Esquire
Suite, Apt. #, etc.
940 Pennsylvania Blvd
City & State
Feasterville, PA
Zip
19053
Country
USA

2a. Principal Office Address
104 N. Isle Drive
Suite, Apt. #, etc.
City & State
Sarasota, FL
Zip
34243-1415
Country
USA

3. Date Formed or Registered
12/23/97

3a. Date of Last Report
N/A

4. State or Country of Formation
FL

5a. Capital Contributions as Shown on record.
9,000

5b. Amount of Capital Contributions in FLORIDA to date
9,000

6. FEI Number
23-2938876
☐ 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

W. Bradley Munroe, Esq
234 E. Virginia St
Tallahassee, FL 32301

10. If changed, new Registered Agent/Office

Name
W. Bradley Munroe, Esq
Street Address (P.O. Box Number Is Not Acceptable)
234 E. Virginia St
Suite, Apt. #, etc
City
Tallahassee
FL
Zip Code
32301

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.

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-04/17/98--01093--015
*****151.75 *****151.75

SIGNATURE (Registered Agent Accepting Appointment)

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
Cicconi Family Corporation	c/o Alex Katz, Esq 940 Pennsylvania Blvd	Feasterville, PA 19053	P97-107644

CR2E003 (6/97)

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 Alex Katz DATE 4/8/98

Typed or Printed Name of General Partner Signing Form for Cicconi Family Corporation Daytime Telephone Number (215) 942-2400