## FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

## LIMITED PARTNERSHIP ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partnership

**SIGNATURE** 

Typed or Printed Name of General Partner Signing Form

a. DOCUMENT # **A98000000407** 

98 DEC - 1 AMII: 01

Daytime Telephone Number

unta 12/2



MATTICK FAMILY PARTNERSHIP, LTD.					
Mailing Address  9335 SILVER LAKE DRIVE LEESBURG FL 34788	Principal Office Address  9335 SILVER LAKE DRIVE LEESBURG FL 34788		3. Date Formed or Registered 02/12/1998 3a. Date of Last Report	5a. Capital Contributions as Shown on record. \$1,500,000.00  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.  City & State	Suite, Apt. #, etc.  City & State		6. FEI Number 59-3492119	Applied For Not Applicable	
Zip Country	Zip	Country	7. Certificate of Status Desired  8. Make check payable to: Dept. of S	\$8.75 Additional Fee Required State (See reverse side for fee information)	
9. Name and Address of Current Registered Agent		10. If changed, new Registered Agent/Office  Name			
MATTICK, WILLIAM A 9335 SILVER LAKE DRIVE LEESBURG FL 34788		Street Address (P.O. Box Number is Not Acceptable) 02702799—5  Suite, Apt. #, etc. 12/04/98 01020 0004  ****526.25 ****526.25  City FL			
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 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 (Do NOT Use Post Office Bo	i Partner	11b. City, State & Zip Code	11c. Registration/ Document Number	
MATTICK, WILLIAM A	9335 SILVER LAKE DRIV	·	LEESBURG FL 34788	CR2E003 (8/98)	
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.					