

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

FILED

99 MAY -6 PM 4:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



1. Name of Limited Partnership

1a. DOCUMENT #
A98000000717

BROUS COMPANY FLORIDA LIMITED PARTNERSHIP

Mailing Address

Principal Office Address

C/O NUMBER 2 PARIGI, WORTH AVENUE
PALM BEACH FL 33480

C/O NUMBER 2 PARIGI, WORTH AVENUE
PALM BEACH FL 33480

3. Date Formed or Registered

03/18/1998

3a. Date of Last Report

5a. Capital Contributions as
Shown on record

\$3,000.00

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

3,000

2. Mailing Address

330 COCONUT ROW

Suite, Apt. #, etc.

SB

City & State

Palm Beach, FL

Zip

33480

Country

USA

2a. Principal Office Address

330 COCONUT ROW

Suite, Apt. #, etc.

SB

City & State

Palm Beach, FL

Zip

33480

Country

USA

4. State or Country of Formation

FL

6. FEI Number

APPLIED FOR

☐ 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

BROUS, MORT L

C/O NUMBER 2 PARIGI, WORTH AVENUE
PALM BEACH FL 33480

10. If changed, new Registered Agent/Office

Name

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

330 COCONUT ROW

Suite, Apt. #, etc.

SB

City

PALM BEACH

FL

Zip Code

33480

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)

BROUS COMPANY LIMITED

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

OMAR HODGE BLDG., 2ND

11b. City, State & Zip Code

ROAD TOWN, TORTOLA, B

11c. Registration/
Document Number

F98000001544

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-05/17/99--01006--006
****141.25 ****141.25

5/12/99

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

MORT L BROS

DATE 3/19/99

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

CR2E003 (8/98)