

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

98 OCT 14 PM 1:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Name of Limited Partnership

1a. DOCUMENT #
A98000000756

JAS FLORIDA PARTNERS LIMITED

GA-AR/CUS
CM



Mailing Address

Principal Office Address

~~2300 GLADES ROAD, SUITE 302-E~~
~~BOCA RATON FL 33062~~

~~2300 GLADES ROAD, SUITE 302-E~~
~~BOCA RATON FL 33062~~

3. Date Formed or Registered

03/24/1998

5a. Capital Contributions as
Shown on record.

\$650,000.00

3a. Date of Last Report

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

0.00

4. State or Country of Formation

FL

6. FEI Number

65-0824205

☐ 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)

2. Mailing Address

6400 EAST ROGERS CIRCLE
Suite, Apt. #, etc.

2a. Principal Office Address

6400 EAST ROGERS CIRCLE
Suite, Apt. #, etc.

City & State

BOCA RATON, FLORIDA

City & State

BOCA RATON, FLORIDA

Zip

33499

Country

U.S.

Zip

33499

Country

U.S.

9. Name and Address of Current Registered Agent

SCIARRETTA, STEVEN A
2300 GLADES ROAD, SUITE 302-E
BOCA RATON FL 33062

10. If changed, new Registered Agent/Office

Name

Joe D. Setta

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

6400 E. Rogers Cir.

Suite, Apt. #, etc.

City

Boca Raton

FL

Zip Code

33499

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 10/9/98

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)

JAS FLORIDA MANAGEMENT, INC.

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

2300 GLADES ROAD, SUI

11b. City, State & Zip Code

BOCA RATON FL 33062

11c. Registration/
Document Number

P98000027349

800002668188-4
-10/20/98-01057-016
****535.00 ****535.00

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

DATE 10/9/98

Typed or Printed Name of General Partner Signing Form

JOE D. SETTA, PRESIDENT

Daytime Telephone Number

(561) 994-2660

CR2E003 (8/98)