

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

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1/4/99
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JAN -7 PM 4:30
S. SECRETARY OF STATE
TALLAHASSEE, FL 32301

**LIMITED PARTNERSHIP
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Sandra J. Mortham
Secretary of State
DIVISION OF CORPORATIONS

1. Name of Limited Partnership

1a. DOCUMENT #
A98000000982

~~STOCKYARD PROPERTIES I, LTD.~~

SP. P. LTD.

*for now is
no amendment*



Mailing Address

5821-C LAKE WORTH ROAD
GREENACRES FL 33463-3209

Principal Office Address

5821-C LAKE WORTH ROAD
GREENACRES FL 33463-3209

2. Mailing Address

2a. Principal Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country

33463-3209

Zip Country

33463-3209

3. Date Formed or Registered

04/22/1998

3a. Date of Last Report

5a. Capital Contributions as
Shown on record

\$100.00

5b. Amount of Capital
Contributions in Florida
to date

4. State or Country of Formation

FL

6. FEI Number

23-1990314

☐ 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

~~HART, MATTHEW C.~~
C/O NOBLE MANAGEMENT COMPANY
5821-C LAKE WORTH ROAD
GREENACRES FL 33463-3209

10. If changed, new Registered Agent/Office

Name
Alexandra C. Carpenter, CPA
Street Address (P.O. Box Number Is Not Acceptable)

Suite, Apt. #, etc.

City

FL Zip Code
33463-3209

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)

Alexandra C. Carpenter, CPA DATE **10/15/98**

**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)

NOBLE MANAGEMENT COMPANY

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

5821-C LAKE WORTH ROAD

11b. City, State & Zip Code

GREENACRES FL 33463-3209

11c. Registration
Document Number

P92000013479

6000002702856-7

-02/02/99-01103-011

***141.25 ***141.25

1.000

ONE

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

A. Carpenter for Noble Management Company

DATE

10/15/98

Typed or Printed Name of General Partner Signing Form

A. Carpenter, Treasurer

Daytime Telephone Number

(561) 466-0070