

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 DEC 24 AM 8:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Name of Limited Partnership

1a. DOCUMENT #
A98000001886

SCOTT P. SMITH FAMILY PARTNERSHIP, LTD.



Mailing Address

2781 WEST STATE ROAD 434
LONGWOOD FL 32779

Principal Office Address

2781 WEST STATE ROAD 434
LONGWOOD FL 32779

3. Date Formed or Registered

08/06/1998

3a. Date of Last Report

5a. Capital Contributions as
Shown on record.

\$2,400,000.00

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

4. State or Country of Formation

FL

6. FBI Number

59-3533721

☐ 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

SMITH, SCOTT P
2781 WEST STATE ROAD 434
LONGWOOD FL 32779

10. If changed, new Registered Agent/Office

Name

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

Suite, Apt. #, etc.

City

600002743366-7

01/15/99 01021 006

***526.25 ***526.25

FL

Zip Code

10a. Pursuant to the provisions of sections 620.1051 and 620.102, 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 620.102, 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 Partner
(Do NOT Use Post Office Box Numbers)

11b. City, State & Zip Code

11c. Registration/
Document Number

SPS BUSINESS CONSULTANTS, IN
TAM BUSINESS CONSULTANTS, IN

2781 WEST STATE ROAD
2781 WEST STATE ROAD

LONGWOOD FL 32779
LONGWOOD FL 32779

P97000104851
P97000104858

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.

SPS BUSINESS CONSULTANTS, Inc., General Partner

SIGNATURE

By:

Scott P. Smith, President

DATE

11/4/98

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

CR25003 (8/98)