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

99 JAN 29 PM 2:10

1. Name of Limited Partnership
DONNA L. GRIFFITH FAMILY PARTNERSHIP, LTD

1a. DOCUMENT # A98000001959

Mailing Address: c/o Anthony De Meo
2400 E COMMERCIAL BLVD
SUITE 517
FORT LAUDERDALE, FL 33308

Principal Office Address:

2. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

2a. Principal Office Address
Suite, Apt. #, etc.
City & State
Zip Country

3. Date First Qualified to Register: 7/15/98

3a. Date of Last Report: n/a

4. State or Country of Formation: U.S.

5a. Capital Contributions Since Last Report: $250,000,000.00

5b. Amount of Capital Contributions in FLORIDA to date: $650,000

6. FEI Number: 65-0858531
☐ 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

W. Michael Brinkley, Esq.
Brinkley, McNerney, Morgan, Solomon, Tatum
200 E. Las Olas Blvd., Suite 1800
Fort Lauderdale, FL 33301

10. Name of Qualified New Registered Agent/Office
Name
Street Address (P.O. Box Number is N.A. Acceptable)
Suite, Apt. # etc.
City **FL** Zip Code

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above named limited partnership organized or registered in 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)	**11a.** Address of Each General Partner (Do NOT Use Post Office Box Number(s))	**11b.** City, State & Zip Code	**11c.** Registration/ Document Number
DLG, Inc.	c/o Anthony De Meo 2400 E. Commercial Blvd. Suite 517 Ft. Lauderdale, FL 33308	Fort Lauderdale, FL 33308	65-0818711 P97000081099

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Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I/We 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)(i), Florida Statutes. I/We release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) in the event that the information supplied is deemed exempt from public access. I/We 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/We further certify that I am a General Partner of the limited partnership or a receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE Anthony De Meo Director DATE 1/25/99
Anthony De Meo, Director
Typed or Printed Name of General Partner Signing Form DLG, Inc. By: Donna L. Griffith, Pres. Daytime Telephone Number 954-351-9800