

FILE ON OR BEFORE APRIL 7, 1999 TO AVOID  
REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

99 APR -2 AM 11:01



1. Name of Limited Partnership

1a. DOCUMENT #  
A98000001981

THE BACIG FAMILY LIMITED PARTNERSHIP

Mailing Address

~~3301 RIVERPARK COURT~~  
BONITA SPRINGS FL 34134

Principal Office Address

~~3301 RIVERPARK COURT~~  
BONITA SPRINGS FL 34134

2. Mailing Address

27391 OAK KNOLL DRIVE

Suite, Apt. #, etc.

2a. Principal Office Address

27391 OAK KNOLL DRIVE

Suite, Apt. #, etc.

City & State

BONITA SPRINGS, FLORIDA

Zip Country

34134 LEE

City & State

BONITA SPRINGS, FLORIDA

Zip Country

34134 LEE

3. Date Formed or Registered

08/24/1998

3a. Date of Last Report

N.A.

4. State or Country of Formation

FL

6. FEI Number

65-6289674

7. Certificate of Status Desired

NO

8. Make check payable to: Dept. of State (See reverse side for fee information)

5a. Capital Contributions as  
Shown on record

\$588,098.00

5b. Amount of Capital  
Contributions in FLORIDA  
to date

\$347,259.

☐ Applied For  
☐ Not Applicable

\$8.75 Additional  
Fee Required

9. Name and Address of Current Registered Agent

BACIG, LOUIS J

~~3301 RIVERPARK COURT~~  
BONITA SPRINGS FL 34134

10. If changed, new Registered Agent/Office

Name

BACIG, LOUIS J.

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

27391 OAK KNOLL DRIVE

Suite, Apt. #, etc.

City

BONITA SPRINGS

Zip Code

FL 34134

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)

BACIG, LOUIS J

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

~~3301 RIVERPARK COURT~~  
27391 OAK KNOLL DRIVE

11b. City, State & Zip Code

BONITA SPRINGS FL 34134

11c. Registration/  
Document Number

700002836717-8  
-04/12/99-01125-019  
\*\*\*\*526.25 \*\*\*\*526.25

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4-8-99

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

*Louis J. Bacig*  
LOUIS J. BACIG

DATE

3/30/99

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

(941) 992-2450

CR2E003 (12/98)