

~~REVOCATION AND \$500 PENALTY FEE~~

LIMITED PARTNERSHIP
ANNUAL REPORT

1998
1999

FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 DEC 24 PM 2:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Name of Limited Partnership

1a. DOCUMENT #
A98000002083

DeALEXANDRIS FAMILY LIMITED PARTNERSHIP

99-AR
CM

Mailing Address

Principal Office Address

C/O PURCELL, FLANAGAN
& HAY, P.A.
1548 LANCASTER TERRACE
JACKSONVILLE, FL 32204

3603 EDGEWATER DRIVE
SEBRING, FL 33872

3. Date Formed or Registered
SEPTEMBER 4, 1998

5a. Capital Contributions as
Shown on record.
\$4,000,000

3a. Date of Last Report

N/A

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

\$731,206

2. Mailing Address

2a. Principal Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country

4. State or Country of Formation

FLORIDA

6. FEI Number

65-0863285

☐ 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

ROBERT A. DeALEXANDRIS
3603 EDGEWATER DRIVE
SEBRING, FL 33872

10. If changed, new Registered Agent/Office

Name

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

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

11b. City, State & Zip Code

11c. Registration/
Document Number

ROBERT A. DeALEXANDRIS, TRUSTEE
ROBERT A. DeALEXANDRIS
REVOCABLE TRUST
SHARON A. DeALEXANDRIS, TRUSTEE
SHARON A. DeALEXANDRIS
REVOCABLE TRUST

3603 EDGEWATER DRIVE
3603 EDGEWATER DRIVE

SEBRING, FL 33872
SEBRING, FL 33872

300002742613--7
-01/14/99--01115--020
****526.25 ****526.25

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

Robert A. DeALEXANDRIS

DATE 12/19/98

Typed or Printed Name of General Partner Signing Form

ROBERT A. DeALEXANDRIS, TRUSTEE OF
THE ROBERT A. DeALEXANDRIS REVOCABLE TRUST

Daytime Telephone Number

(904) 355-0355

CR2E003 (12/97)