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

## LIMITED PARTNERSHIP ANNUAL REPORT



## FLORIDA DEPARTMENT OF STATE

## Katherine Harris

FILED

1999		Segratary of State DIVISION OF CORPORA	TIONS	10.00 20.8840	16	
1. Name of Limited Partnership	1a. <b>A</b> 9	DOCUMENT 8000002291	# St One i	99 APR 20 AM 10: 16 Strong (ART 10) (ART 10)		
SANTOS FAMILY ENTERF	PRISES, LTD.		1 124/11/1 (1714 1212			
Mailing Address  36 SANDPIPER ROAD TAMPA FL 33609	Principal Office Address 36 SANDPIPER ROAD TAMPA FL 33609		3. Date Formed or Regis 10/05/1998 3a. Date of Last Report	-	5a. Capital Contributions as Shown on record \$250,000.00	
2. Mailing Address 2a. Principal Office Address Suite, Apt. #, etc. Suite, Apt. #, etc.			4. State or Country of Formation FL 6. FEI Number			
Crty & State	City & State		7. Certificate of Status De		Applied For Not Applicable \$8.75 Additional	
Zip Country	Zip	Zip Country		Dupt of State (Sec	Fee Required reverse side for fee information	on)
9. Name and Address of	Current Registered Agent		10. If changed new R	egistered Agent/Offic	e	$\dashv$
SANTOS, F. ROBERT 36 SANDPIPER ROAD TAMPA FL 33609  10a. Pursuant to the provisions of sections 620 1051 and 620,192. Florida Statutes, the abo for the purpose of changing its registered office or registered agent, or both, in the Stat agent. I am familiar with, and accept the obligations of section 620 192. Florida Statute		Suite, Apt City  stutes, the above named limited parts lith, in the State of Florida Such cha	#, etc	1(1285 04/27/99- *****526.2 lans of the State of F		
SIGNATURE (Registered Agent Accepting Appointm	HAT IS A CORF	PORATION, LIMITE	D PARTNERSHIP OR VE WITH THIS OFFIC	DATE OTHER BU	ISINESS ENTIT	Y
11. Name(s) of General Partner(s)	11a. (Do N	dress of Each General Partner DT Use Post Office Box Numbers)	11b. City, State & Zip Code	110	Registration/ Document Number	i a
SANTOȘ, F. ROBERT	36 SA	NDPIPER ROAD	TAMPA FL 33609			0/2/0
SANTOS, SIANA A	36 SA	NDPIPER ROAD	TAMPA FL 33609			CR2E003 (12/98)
•		4.12.9				
Note: General partners MAY	NOT be changed	l on this form: an am	i andmant must be filed:	to change a	general partner	

from any liability of non-compliance with Section 119 07(3)(k) in the event that the information supplied is deemed exempt from public arcess. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same logal effects as if plade under oath. I further certify that I am a General Partner of this limited partnership, receiver or trusted empowered to execute this report as required by chapter 620. Florida Statutes

Typed or Printed Name of General Partner Signing Form

DATE 3/22/55

Daytime Telephone Number