

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  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

99 JAN 19 PM 1:59

1. Name of Limited Partnership

1a. DOCUMENT #  
A98000002433

THE CFNA FAMILY  
LIMITED PARTNERSHIP

Mailing Address

Principal Office Address

3. Date Formed or Registered

10-23-98

5a. Capital Contributions as  
Shown on record.

25,500

3a. Date of Last Report

NEW  
10-23-98

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

25,500

4. State or Country of Formation

FLORIDA

2. Mailing Address

5520 BUNKY WAY

2a. Principal Office Address

3747 S. ATLANTIC AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#205

City & State

DUNWOODY, GA.

City & State

DAYTONA BEACH SHORES

Zip

30338

Country

USA

Zip

FL 32127-5219

6. FEI Number

58-2427636

☐ 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

CHARLES F. RIHACEK  
3747 S. ATLANTIC AVENUE  
#205  
FL 32127-5219

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

CHARLES F. RIHACEK

3747 S. Atlantic  
Ave., #205

DAYTONA BEACH  
SHORES, FL  
32127-5219

700002750807--9  
-01/21/99-01114-021  
\*\*\*\*267.25 \*\*\*\*267.25

CR2E003 (8/98)

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

2. 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

Charles F. Rihacek

DATE

12-28-98

Printed Name of General Partner Signing Form

CHARLES F. RIHACEK

Daytime Telephone Number

904-760-1307