

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 MAR -9 AM 9:01



1. Name of Limited Partnership

1a. DOCUMENT #
A98000002483

CITADEL POINTE LIMITED PARTNERSHIP

Mailing Address

1515 NORTH FEDERAL HIGHWAY, SUITE 306
BOCA RATON FL 33432

Principal Office Address

1515 NORTH FEDERAL HIGHWAY, SUITE 306
BOCA RATON FL 33432

3. Date Formed or Registered

11/02/1998

3a. Date of Last Report

5a. Capital Contributions as
Shown on record

\$1,000.00

5b. Amount of Capital
Contributions in FLORIDA
to date

4. State or Country of Formation

FL

6. FEI Number

65-0879077

☐ 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)

2. Mailing Address

Suite, Apt. #, etc.

City & State

Zip Country

2a. Principal Office Address

Suite, Apt. #, etc.

City & State

Zip Country

9. Name and Address of Current Registered Agent

KAMRADT, RUSSELL T ESQ.
C/O AKERMAN, SENTERFITT & EIDSON, P.A.
777 SOUTH FLAGLER DRIVE, STE. 900, E. TWR.
WEST PALM BEACH FL 33401

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)

CITADEL POINTE, INC.

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

1515 NORTH FEDERAL HI

11b. City, State & Zip Code

BOCA RATON FL 33432

11c. Registration/
Document Number

P98000092019

3200002811373-3
-03/19/99-01011-007
****141.25 ****141.25

32-16-99

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

Mark A. Gensheimer

DATE

3/5/99

Typed or Printed Name of General Partner Signing Form

Mark A. Gensheimer

Daytime Telephone Number (561) 750-1030

CR2E003 (12/98)