FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND $500 PENALTY FEE

A98000002677

LIMITED PARTNERSHIP ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE

[redacted]

Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 JAN 26 PM 6:29

1. Name of Limited Partnership

The Stolfi Limited Partnership

1a. DOCUMENT #

A98000002677

99-AR/CHS
CM

2. Mailing Address

10590 Limeberry Drive

Suite, Apt #, etc

City & State

Boynton Beach, FL

Zip: 33436 Country: USA

2a. Principal Office Address

10590 Limeberry Drive

Suite, Apt #, etc

City & State

Boynton Beach, FL

Zip: 33436 Country: USA

3. Date Filed or Registered

December 7, 1998

3a. Date of Last Report

N/A

4. State or Country of Formation

Florida

5a. Capital Contributions Shown on Record

$1,500,000

5b. Amount of Capital Contributed in Florida

$1,500,000

6. FEI Number

☒ Applied For

☐ Not Applicable

7. Certificate of Status Desired ☒ $8.75 Additional Fee Required

8. Make Check payable to Department of State

9. Name and Address of Current Registered Agent

Ronald L. Fick
c/o Dunwody White & Landon, P.A.
239 South County Road, Suite 300
Palm Beach, FL 33480

10. Name and Address of 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 as 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
Marie R. Stolfi, as Trustee of the Marie R. Stolfi Declaration of Trust dated May 15, 1996, as amended	10590 Limeberry Drive	Boynton Beach, FL 33436	

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****535.00 ****535.00

CR2E002 (8/98)

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)(i), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) in the event that the information supplied is on the record and open to 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 effect as if made under oath. I further certify that I am a General Partner of the limited partnership or receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE Marie R Stolfi DATE Jan. 24/1999

Typed or Printed Name of General Partner Signing Form: Marie R. Stolfi, as Trustee of the Marie R. Stolfi Declaration of T...

Daytime Telephone Number: (561) 655-2120 Atty.