

~~REVOCATION AND \$500 PENALTY FEE~~

LIMITED PARTNERSHIP  
ANNUAL REPORT

1998 1999



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

FILED

99 JAN -4 PM 3:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. Name of Limited Partnership

THE MOTHON FAMILY  
LIMITED PARTNERSHIP

1a. DOCUMENT #  
A 98000002720

Mailing Address

(SEE BELOW)

Principal Office Address

2. Mailing Address

% D. ERTTEL, CPA  
148 CLINTON STREET

Suite, Apt. #, etc.  
Schenectady NY

Zip Country  
12305 USA

2a. Principal Office Address

11365 LONG MEADOW DRIVE

Suite, Apt. #, etc.  
City & State  
WEST PALM BEACH, FL

Zip Country  
33414 USA

3. Date Formed or Registered

11/30/98

3a. Date of Last Report

N/A

4. State or Country of Formation

FLORIDA

5a. Capital Contributions as Shown on record.

\$ 5,000

5b. Amount of Capital Contributions in FLORIDA to date

0

6. FEI Number

☒ 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)

150.00

9. Name and Address of Current Registered Agent

CHARLES MOTHON  
11365 LONG MEADOW DRIVE  
WEST PALM BEACH, FLORIDA 33414

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)

CHARLES MOTHON

ALICE T. MOTHON

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

11365 LONG MEADOW DR

11365 LONG MEADOW DR

11b. City, State & Zip Code

WEST PALM BEACH, FL  
33414

WEST PALM BEACH, FL  
33414

11c. Registration/Document Number

330002747233--8  
-01/20/99--01025--009  
\*\*\*150.00 \*\*\*150.00

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

X Charles Mothon

DATE

12/28/98

Typed or Printed Name of General Partner Signing Form

CHARLES MOTHON

Daytime Telephone Number

58-346-4011

CR2E003 (12/97)