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

A98000002770

LIMITED PARTNERSHIP
ANNUAL REPORT
1999

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

FILED
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
99 JAN 14 AM 7:49

1. Name of Limited Partnership

1a. DOCUMENT #
A98000002770

THE CAPAS FAMILY PARTNERSHIP, LTD.

99-AR 6M

Mailing Address
512 Front Street
Key West, Florida 33040

Principal Office Address
512 Front Street
Key West, Florida 33040

3. Date Business Last Began
December 17, 1998

3a. Federal EIN Number

4. State or Country of Formation
Florida

5a. Capital Contribution as Stated Above
$100.00

5b. Amount of Capital Contribution in FLORIDA Dollars
$100.00

2. Mailing Address
Suite, Apt. # etc
City & State
Zip Country

2a. Principal Office Address
Suite, Apt. # etc
City & State
Zip Country

6. FEI Number
65-0881547
☐ Applied For
☐ Not Applicable

7. Certified Copy Requested
☐ **$8.75** Additional Fee Required

8. Make Check Payable to Dept. of State (See Instructions for Fee Information)

9. Name and Address of Current Registered Agent

Lamont & Neiman, P.A.
2 South Biscayne Boulevard
Suite 3550
Miami, Florida 33131

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 for profit and authorized to transact business in 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.

Jan S. Neiman, Secretary
SIGNATURE (If 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 Number(s))	**11b.** City, State & Zip Code	**11c.** Registration Document Number
Capas Management Corp.	512 Front Street Key West, Florida 33040	Key West, Florida 33040	P98000102762

000029A-010012-002
****5[illegible].25 ****525.25

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 know 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 to be exempt from public access. 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, successor of that entity empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE Dante Capas DATE 12/25/98
Dante Capas, President
Typed or Printed Name of General Partner Signing Form Daytime Telephone Number 305-296-5293

CR2E003 (8/98)