

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

192

2000-2002  
LIMITED  
PARTNERSHIP  
REINSTATEMENT  
LEBR



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 MAR 11 AM 8:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # A990000001429

1. Name of Limited Partnership

MLDZ ENTERPRISES, LTD  
3515 SE 17th St, Ste 100  
Ocala, FL 34471

2. Principal Office Address

3515 SE 17th St

Suite, Apt. #, etc.

Suite 100

City & State

Ocala, FL

Zip

34471

Country

USA

3. Mailing Office Address

3515 SE 17th St

Suite, Apt. #, etc.

Suite 100

City & State

Ocala, FL

Zip

34471

Country

USA

4. Date Formed or Registered  
To Do Business in Florida

08/31/1999

5. FEI Number

59-3597468

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

Additional Fee required

7a. Capital Contributions as shown on Record:

10,000

7b. Amount of Capital Contributions in FLORIDA to date:

10,000

FEES:

- 1.) Filing Fee(s): Computed at a rate of \$7 per \$1,000 on amount entered in 7b, with a minimum filing fee of \$52.50 and a maximum of \$437.50, for each year due this office.
- 2.) Supplemental Fee(s): \$88.75 for each year due this office, beginning with 1992 calendar year.
- 3.) Penalty Fee(s): \$500 penalty fee for each year report form is delinquent.

Note: If the amount entered in 7b is greater than amount entered in 7a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.

8. Name and Address of Current Registered Agent

Name

Gregory S. Flanagan, P.A.

Street Address (P.O. Box Number is Not Acceptable)

230 NE 25th Ave

Suite, Apt. #, Etc.

Suite 200

City

Ocala

State

FL

Zip Code

34470

9. 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)

*Gregory S. Flanagan*

DATE

3/5/02

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

10. Name(s) of General Partner(s)	Address of Each General Partner (Do NOT Use Post Office Box Numbers)	City, State and Zip Code	10a. Registration Document Number
Glen A. Morgan	2555 SE 28th St	Ocala, FL 34471	
Donald W. Liebelt	4328 SE 26th Terr RD	Ocala, FL 34480	
David P Dupere	193 Hickory Rd	Ocala, FL 34472	
			300005183373--7 -03/19/02--01014--022 ****485.00 ****485.00

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

11. 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 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

*Glen A Morgan*

DATE

3/5/02

Typed or Printed Name of General Partner Signing Form

GLEN A. MORGAN M.D

Telephone Number

(352) 732-9922



## **OCALA FAMILY PHYSICIANS, P.A.**

GLEN MORGAN, M.D.  
DONALD LIEBELT, M.D.  
CYNTHIA EHRHARDT, A.R.N.P.  
JANICE WALKER, PA-C  
3515 S.E. 17th Street, Suite 100  
Ocala, Florida 34471

March 5, 2002

Florida Department of State  
Division of Corporations  
Attn: Partnership Section  
PO Box 6327  
Tallahassee, FL 32314

Re: MLDZ Enterprises, Ltd., Doc. #A99000001429

Dear Sirs:

While obtaining a loan from our local bank, we were informed that we were not active with the state. As this took us by surprise, we immediately checked into this and found that indeed our status was inactive and that our partnership was revoked for lack of an annual report. We filed with the state on 08/31/99 and to our knowledge; we have never received an annual report since January 2000.

Our address has changed from 2760 SE 17<sup>th</sup> St, Ste 300, Ocala, FL 34471 to 3515 SE 17<sup>th</sup> St, Ste 100, Ocala, FL 34471 and the renewal forms were not forwarded to us. This is surprising as we often, to this day, will get mail from our old address, which is ¼ mile away. I am left to believe that the current occupant of the old address must have thrown the report away. There were other addresses on the annual of each partner, could this have been mailed to their address?

Enclosed is a check in the amount of \$485.00, (\$158.75 x 3), plus \$8.75 for certificate of status. Am I to understand that this pays us up to 2003?

Please advise, as we would like to take care of this as soon as possible. Thank you for your attention in this matter.

Sincerely,

Glen A Morgan  
President, MLDZ Enterprises Ltd.