

FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1997



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

96 DEC 31 AM 9:07

mtm
1/7



1. Name of Limited Partnership:

1a. DOCUMENT #
B94000000216

LOPARDO ASSOCIATES, A PENNSYLVANIA LIMITED PARTNERSHIP

Mailing Address

P.O. BOX 220
MURRYSVILLE PA 15668

Principal Office Address

~~3907 OLD WILLIAM PENN HIGHWAY~~
~~MURRYSVILLE PA 15668~~
3102 TREELINE DRIVE
MURRYSVILLE PA 15668

2. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

2a. Principal Office Address

3102 Treeline Drive

Suite, Apt. #, etc.

City & State

Murysville PA

Zip

15668

Country

USA

3. Date Formed or Registered

06/09/1994

3a. Date of Last Report

01/03/1996

4. State or Country of Formation

PA

5a. Capital Contributions as Shown on record.

\$300,000.00

5b. Amount of Capital Contributions in FLORIDA to date:

\$ 0

6. FEI Number

25-1738641

☐

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)

9. Name and Address of Current Registered Agent

NAPOLEON, DANIEL
672 OAK HOLLOW WAY
ALTAMONTE SPRINGS FL 32714

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)

LOPARDO LAND COMPANY, INC.

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

~~3907 OLD WILLIAM PENN~~
3102 Treeline Drive

11b. City, State & Zip Code

MURRYSVILLE PA 15668

11c. Registration/Document Number

F94000003028

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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

Alfonso A Costa

DATE

12-26-96

Typed or Printed Name of General Partner Signing Form

Alfonso A Costa D.M.D.

Daytime Telephone Number

(412) 681-3737

CR2E003 (6/96)