

**FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT
TO REVOCATION AND \$500 PENALTY FEE**

**LIMITED PARTNERSHIP
ANNUAL REPORT
1998**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

98 FEB -2 PM 2:43

1. Name of Limited Partnership

1a. DOCUMENT #
B96000000033

THORNTON ENTERPRISES LIMITED PARTNERSHIP



Mailing Address

~~1216 S.W. 20TH STREET~~
~~CAPE CORAL FL 33991~~

Principal Office Address

1216 S.W. 20TH STREET
CAPE CORAL FL 33991

3. Date Formed or Registered

01/18/1996

3a. Date of Last Report

01/23/1997

4. State or Country of Formation

TN

5a. Capital Contributions as
Shown on record.

\$427,600.00

5b. Amount of Capital
Contributions in FLORIDA
to date

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2. Mailing Address

278 Baxter Lane

Suite, Apt. #, etc.

Milford, Ct.

City & State

06460 USA

Zip

Country

2a. Principal Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. FEI Number

62-1148279

☐ 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

THORNTON, CHARLES D.W.
1216 S.W. 20TH STREET
CAPE CORAL FL 33991

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)

THORNTON, CHARLES D.W.

ALTIERI, HOLLY T

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

1216 S.W. 20TH STREET

278 BAXTER LANE

11b. City, State & Zip Code

CAPE CORAL FL 33991

MILFORD CT 06460

11c. Registration/
Document Number

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-02/06/98--01120--008
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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

Holly Thornton Altieri

DATE

Dec 26, 1997

Typed or Printed Name of General Partner Signing Form

Holly Thornton Altieri

Daytime Telephone Number

203-876-0673

CR2E003 (6/97)