

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

97 NOV -4 PM 3: 36

1. Name of Limited Partnership

1a. DOCUMENT #
B97000000026

OHANA LIMITED PARTNERSHIP



Mailing Address

P.O. BOX 37
EWELL MD 21824

Principal Office Address

1501 READE CIRCLE
ST. CLOUD FL 34772

3. Date Formed or Registered

01/16/1997

5a. Capital Contributions as Shown on record.

\$316,567.13

3a. Date of Last Report

01/16/1997

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

0

4. State or Country of Formation

MD

2. Mailing Address

1501 READE CIRCLE

2a. Principal Office Address

Suite, Apt. #, etc.

City & State

ST CLOUD FL

City & State

Zip Country
34772 OSCOLA

Zip Country

6. FEI Number

52-1563712

☐ 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

HAYES, ROBERT S ESQ.
441 WEST VINE STREET
KISSIMMEE FL 34741

10. If changed, new Registered Agent/Office

Name

4000002345484-2

Street Address (P.O. Box Number Is Not Accepted) 11/12/97-01120-009

Suite, Apt. #, etc.

****541.25 ****541.25

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)

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

11b. City, State & Zip Code

11c. Registration/Document Number

PAULSON, CLIFFORD R

1501 READE CIRCLE

ST. CLOUD FL 34772

PAULSON, NETTA A

1501 READE CIRCLE

ST. CLOUD FL 34772

WILKINSON, LANI KAY

1501 READE CIRCLE

ST. CLOUD FL 34772

OLSON, LYN DIAN

1501 READE CIRCLE

ST. CLOUD FL 34772

PAULSON, LEE RAE

1501 READE CIRCLE

ST. CLOUD FL 34772

PAULSON, LEE ESTHER

1501 READE CIRCLE

ST. CLOUD FL 34772

KWM

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

Clifford R. Paulson

DATE

4 October 1997

Typed or Printed Name of General Partner Signing Form

Clifford R. Paulson

Daytime Telephone Number

407-891-0699

CR2E003 (6/97)