

FILE ON OR BEFORE APRIL 8, 1998 TO AVOID
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 APR 13 AM 10:44



1. Name of Limited Partnership

1a. DOCUMENT #
B97000000477

W.B.M. ACES FAMILY LIMITED PARTNERSHIP

Mailing Address

1844 N. NOB HILL RD., STE. 190
PLANTATION FL 33322

Principal Office Address

1844 N. NOB HILL RD., STE. 190
PLANTATION FL 33322

3. Date Formed or Registered

09/08/1997

5a. Capital Contributions
See an Record

\$29,000

3a. Date of Last Report

4. State or Country of Formation

NV

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

\$29,000.

2. Mailing Address

2a. Principal Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

6. FEI Number

13-3907033 ☐ 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

MORACE, WILLIAM JR.
1300 N.W. 122 AVE.
PLANTATION FL 33323

10. If changed, new Registered Agent/Office

Name

FF 291.75

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

CP 10.25

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

4/8/98

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

MORACE, WILLIAM H JR.

1300 NW 122 AVE.

PLANTATION FL 33322

MORACE, WILLIAM H SR.

1844 N. NOB HILL RD.,

PLANTATION FL 33322

CR 4-16

8000002487258--4
-04/13/98--01146--004
****375.00 ****305.00

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

DATE

4/8/98

Typed or Printed Name of General Partner Signing Form

William Morace Jr.

Daytime Telephone Number

(954) 255-5777

CR2E003 (12/97)