

FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Sandrea S. Mortam
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 JAN 20 AM 8:23

1. Name of Limited Partnership

1a. DOCUMENT #
B98000000178

TASMAN FINANCIAL LIMITED PARTNERSHIP

Mailing Address

1717 N. BAYSHORE DR. #2331
MIAMI FL 33132-1160

Principal Office Address

1717 N. BAYSHORE DR. #2331
MIAMI FL 33132-1160

2. Mailing Address

2a. Principal Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

3. Date Formed or Registered

03/25/1998

3a. Date of Last Report

N/A

4. State or Country of Formation

NV

6. FID Number

91 1884526

7. Certificate of Status Desired



\$8.75 Additional
Fee Required

8. Make check payable to Dept. of State (See reverse side for fee information)

5a. Capital Contributions as
Shown on record

\$10,000.00

5b. Amount of Capital
Contributions in FLORIDA
to date

\$5,000

☐ Applied For
☒ Not Applicable

9. Name and Address of Current Registered Agent

CANTWELL, RONALD
1717 N. BAYSHORE DR. #2331
MIAMI FL 33132-1160

Name

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

Suite, Apt. #, etc.

City

FL Zip Code

10. If changed, new Registered Agent Office

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)

Ronald Cantwell

DATE 12/10/98

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)

ARJAY ENTERPRISES, INC.

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

1717 N. BAYSHORE DR.,

11b. City, State & Zip Code

MIAMI FL 33132-1160

11c. Registration/
Document Number

F98000001696

33000127661431-5
-02/05/99--01084--013
*****52.50 *****52.50

33000127661431-5
-02/05/99--01084--014
*****89.75 *****89.75

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 *Ronald Cantwell*
Typed or Printed Name of General Partner Signing Form

ARJAY ENTERPRISES OF FLORIDA INC.

December 10, 1998
Daytime Telephone Number (305) 377-9613

CR2E003 (8/98)