## FILE ON OR BEFORE APRIL 7, 1999 TO AVOID REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

**DIVISION OF CORPORATIONS** 

SECENTARY OF STATE DIVISION OF CORPORATIONS

99 JUL 29 PH 2: 45

1. Name of Limited Partnership  1a. DOCUMENT#  B9800000584		A TRANSFILMAN PARA PRINTI PARAN ROBAN	EANN BEN BRIN	EERN EERK EINEN MAN END M		
PALMETTO BUSINESS P	ARK, LP				<u> </u>	
Mailing Address	Principal Office Address	Principal Office Address		5a, Capital Contributions as Shown on record		
ONE WEST AVENUE ONE WEST AVENUE			10/02/1998	\$1,000.00		
LARCHMONT NY 10538	LARCHMONT NY 10538	ACHMONT NY 10538				
			4. State or Country of Formation	– Conti	unt of Capital	
2. Mailing Address	28. Principal Office Address	2â. Principal Office Address		to da	to date	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			Applied For	
City & State City & State		13-4023627 D NOTA		Not Applicable		
Zip Country	Zip Ci	ountry	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		10, If changed, new Registered	Agent/Office		
		Street Address (P.O. Box Number is Not Acceptable)  Suite, Apt. #, etc.  City  Lip Code  Tamed hmitted pertnership organized or registered under the laws of the State of Florida, submits this statemer Fiorida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered.			ta, submits this statement	
agent. I am familiar with, and accept the	obligations of section 620.192, Florida Statutes.					
SIGNATURE (Registered Agent Accepting Appoi			DATE			
A GENERAL PARTNER	THAT IS A CORPORATION, LI MUST BE REGISTERED AND	) ACTIVE WI	TNERSHIP OR OTHI TH THIS OFFICE.	ER BUS		
11. Name(s) of General Partner(s)	Address of Each General Pa	lumbers) 11b.	City, State & Zip Code	11c.	Registration/ Document Number	
industrial realty group, i	NC ONE WEST AVENUE	L	ARCHMONT NY 10538	F9800005463		
<b>j</b> ·			000002 -08/10 ****1	41.25	****141.25	
1	Y NOT be changed on this form;				1/29/19	

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 ceth. 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 20, Florida Statutes.

SIGNATURE

Typed or Printed Name of General Partner Signing Form

>, pres, STHART

4/17/99

Daytime Telephone Number