

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

FILED

APR 21 PM 5:00

SECRETARY OF STATE



1. Name of Limited Partnership

1a. DOCUMENT #
B98000000636

BLUE ELEPHANT FLORIDA COMPUTER DISTRIBUTION LP

Mailing Address

11 ELM PLACE PLACE
RYE NY 10580-2004

Principal Office Address

11 ELM PLACE
RYE NY 10580-2004

2. Mailing Address

8601 Wellington Loop
Suite, Apt. #, etc.

2a. Principal Office Address

8601 Wellington Loop
Suite, Apt. #, etc.

City & State

Kissimmee, FL

City & State

Kissimmee, FL

Zip

Country

34747-1613

U.S.A.

Zip

Country

34747-1613

U.S.A.

3. Date Formed or Registered

10/28/1998

3a. Date of Last Report

4. State or Country of Formation

DE

6. FEI Number:

59-2124134

7. Certificate of Status Desired

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

5a. Capital Contributions as
Shown on record

\$49,500.00

5b. Amount of Capital
Contributions in FLORIDA
to date

\$49,500.00

☐ Applied For
☐ Not Applicable

\$8.75 Additional
Fee Required

9. Name and Address of Current Registered Agent

UNITED CORPORATE SERVICES, INC.
801 NORTH EAST 187TH STREET, SUITE 300
NORTH MIAMI BEACH FL 33162

10. If changed, new Registered Agent/Office

Name

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

Suite, Apt. #, etc.

City

9800002861634-00
-05/04/99--01041--008
****350.00 ****350.00
FL

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)

BLUE ELEPHANT GENERAL PARTNE

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

~~13 EAST NORTH STREET~~
8601 Wellington Loop

11b. City, State & Zip Code

~~DOVER DE 19901~~
Kissimmee, FL 34747-1613

11c. Registration/
Document Number

M98000001259

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

Typed or Printed Name of General Partner Signing Form

Philip Jenneskens

DATE

Daytime Telephone Number 407-390-1835

CR2E003 (12/98)