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 24 AM 11:21

1. Name of Limited Partnership

ZEPHYRHILLS, LTD.

1a. DOCUMENT # **A04007**

Mailing Address	Principal Office Address
ZEPHYRHILLS. LTD. 5015 SOUTH FLORIDA AVE.#200 LAKELAND FL 33813	POST OFFICE BOX 5252 LAKELAND FL 33807-5252

3. Date Formed or Registered: 10/31/1974

3a. Date of Last Report: 12/26/1996

4. State or Country of Formation: FL

5a. Capital Contributions as Shown on record: $0.00

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

2. Mailing Address	**2a.** Principal Office Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

6. FEI Number: 31-6162272 ☐ 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	**10.** If changed, new Registered Agent/Office
MCFARLANE, PETER A. 5015 S. FLORIDA AVENUE SUITE 215 LAKELAND FL 33813	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code

500002352225--4
12/03/97--01088--014
****165.00 ****165.00

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
A & M PROPERTIES, INC.	5015 S. FLORIDA AVENU	LAKELAND FL	P29845

OR 12-1

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 effect 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 11-19-97

Typed or Printed Name of General Partner Signing Form Raymond Moats, President

Daytime Telephone Number 941-647-1581

CR2E003 (6/97)