## FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

**LIMITED PARTNERSHIP ANNUAL REPORT** 



BUCSQUARE SC COMPANY, LTD.



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partnership

**DOCUMENT#** Ä20885

SECRETARY OF STATE DIVISION OF CORPORATIONS

97 DEC 18 AM 8: 42



			(A)12/22	
Malling Address	Principal Office Address		3. Data ormed or Registered	<b>5a.</b> Capital Contributions as Shown on record
1733 W. FLETCHER AVE.	1733 W. FLETCHER AVE. TAMPA FL 34234		09/30/1985	<b>6</b> E0 000 00
TAMPA FL 34234			3a. Date of Last Report	\$50,000.00
			12/26/1996	5b. Amount of Capital Contributions in FLORIDA
2. Malling Address	28. Principal Office Address		4. State or Country of Fermation	to date:
E. Mailing Address	Za. Principal Office Address	Zu. Principal Office Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		☐ Applied For
City & State	City & State	City & State		Not Applicable
				\$8.75 Additional Fee Required
<b>Z</b> ip Country	7ip (	Country	8. Make check payable to: Dopt. of State (Sco reverse side for fee information)	
		•		
9. Name and Address of Current Registered Agent		10. If changed, new Registered Agent/Office  Name		
CLIFFORD L. WALTERS 802 11TH STREET WEST		Street Address (P.O. Box Number Is Not Acceptable)		
BRADENTON FL 34205		Suite, Apf. #, etc.		
		City		FL Zip Code
10a. Pursuant to the provisions of sections 620 1051 for the purpose of changing its registered office agent. I am familiar with, and accept the obligate SIGNATURE (Registered Agent Accepting Appointment)  A GENERAL PARTNER THA	or registered agent, or both, in the State of Floric ions of section 620.192, Florida Statutos	da Such change	was authorized by its general partner(s). I here  DATE	aby accept the appointment of registered
MU	ST BE REGISTERED AND	ACTIVE	WITH THIS OFFICE.	
11. Name(s) of General Partner(s)	Address of Fach General I (Do NOT Use Post Office Box	Address of Fach General Partner  11a. (Do NOT Use Post Office Box Numbers)  1		11c. Registration/ Document Number
BUCSQUARE CORPORATE, INC.	1733 W. FLETCHER AVE.		TAMPA FL 33612	P96000020772
			6000023 -12/23/ ****45	3810363 /9701075026 3.75 ****453.75
Note: General partners MAY NO	The changed on this form:	an amen	dment must be filed to cha	inge a general partner

SIGNATURE.

Typed or Printed Name of General Partner Signing Form

uzanne L. Rice

12. I do hereby certify that the information supplied with this filing is voluntarily turnished and doos not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes 4 release the Division of

Corporations from any liability of non-zeompliance 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 incleated on this annual report is true and accurage and that my signature shall have the same legal effects as if made under eath. I further certify that I am a General Partner of the I mited partnership, receiver or trustee empowered to execute this report as required by chapter 629/ legitle S) itures.

9-24-97

Daytime Telephone Number 813 -960 - 8151