

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  
97 DEC 15 PM 2:22  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. Name of Limited Partnership

1a. DOCUMENT #  
A03847

JETPORT INDUSTRIAL CENTER, LTD.

Mailing Address

Principal Office Address

100 WILSHIRE BOULEVARD  
CASSELBERRY FL 32707

100 WILSHIRE BOULEVARD  
CASSELBERRY FL 32707

2. Mailing Address

154 WILSHIRE BLVD.  
Suite, Apt. #, etc.

2a. Principal Office Address

154 WILSHIRE BLVD.  
Suite, Apt. #, etc.

City & State

CASSELBERRY, FL  
Zip Country

32707

City & State

CASSELBERRY, FL  
Zip Country

32707

3. Date Formed or Registered

07/22/1974

3a. Date of Last Report

03/24/1997

4. State or Country of Formation

FL

6. FEI Number

59-1646218

7. Certificate of Status Desired

☐ Applied For  
☒ Not Applicable

☐ \$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.

\$156,645.37

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

9. Name and Address of Current Registered Agent

MORLEY, PATRICK M

100 WILSHIRE BOULEVARD  
CASSELBERRY FL 32707

10. If changed, new Registered Agent/Office

Name

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

154 WILSHIRE BLVD.  
Suite, Apt. #, etc.

City

FL

Zip Code

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

MORLEY, PATRICK M.

342 OLULU DR

WINTER PARK FL

600002378126--7  
-12/19/97--01090--018  
\*\*\*\*541.25 \*\*\*\*541.25

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

DATE

12/11/97