



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

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| 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 26 AM 11:20  | |
| 1. Name of Limited Partnership PWV, LTD. | | | 1a. DOCUMENT # A17326 | | | |
| Mailing Address P.O. BOX 5252 LAKELAND FL 33807 | | Principal Office Address 5015 SOUTH FLORIDA AVENUE SUITE 200 LAKELAND FL 33813 | | 3. Date Formed or Registered 06/26/1984 | 5a. Capital Contributions as Shown on record. \$10,000.00 | |
| 2. Mailing Address | | 2a. Principal Office Address | | 3a. Date of Last Report 12/13/1996 | 5b. Amount of Capital Contributions in FLORIDA to date: | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 4. State or Country of Formation FL | <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable \$8.75 Additional Fee Required | |
| City & State | | City & State | | 6. FEI Number 59-2418117 | | |
| Zip Country | | Zip Country | | 7. Certificate of Status Desired <input checked="" type="checkbox"/> 8. Make check payable to: Dept. of State (See reverse side for fee information) | | |

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|---|---|
| 9. Name and Address of Current Registered Agent MCFARLANE, PETER A 5015 SOUTH FLORIDA #215 LAKELAND FL 33813 | 10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City |
|---|---|

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 |
| PWV, INC. | 5015 SOUTH FLORIDA AV | LAKELAND FL | H09385 |

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 *Kim Kelley, Treasurer*

DATE 11/19/97

Typed or Printed Name of General Partner Signing Form Kim Kelley, Treasurer

Daytime Telephone Number 941-647-1581

CP2E003 (6/97)