

FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP  
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

1. Name of Limited Partnership

1a. DOCUMENT #  
A19354

ROUTE 60, LTD.

Mailing Address

P.O. BOX 5770  
LAKELAND FL 33807

Principal Office Address

P.O. BOX 5770  
LAKELAND FL 33807

2. Mailing Address

Suite, Apt #, etc.

City & State

Zip

Country

2a. Principal Office Address

Suite, Apt #, etc.

City & State

Zip

Country

3. Date Formed or Registered

03/13/1985

3a. Date of Last Report

03/30/1998

4. State or Country of Formation

FL

6. FEI Number

52-2504907

7. Certificate of Status Desired

5a. Capital Contributions as  
Shown on record

\$420,000.00

5b. Amount of Capital  
Contributions in FL ORS (A)  
to date

☐ Applied For  
☐ Not Applicable

☐ \$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

SMITH, JENNIFER  
4851 OLD HIGHWAY 37  
LAKELAND FL 33813

Name

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

Suite, Apt #, etc.

City

10. If changed, new Registered Agent Office

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)

PARTNERSHIP MGMT., INC.

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

4855 OLD HIGHWAY 37

11b. City, State & Zip Code

LAKELAND FL

11c. Registration/  
Document Number

H30970

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

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

CR2E003 (8/98)