

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 17 PM 12:17



1. Name of Limited Partnership:

1a. DOCUMENT #
A20554

LAKE SHORE VILLA HEALTH CARE, LTD.

Mailing Address

16002 LAKE SHORE VILLA DR
TAMPA FL 33613

Principal Office Address

16002 LAKE SHORE VILLA DR
TAMPA FL 33613

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

08/12/1985

3a. Date of Last Report

12/19/1996

4. State or Country of Formation

FL

6. FEI Number

59-2611075

5a. Capital Contributions as
Shown on record

\$90,000.00

5b. Amount of Capital
Contributions in FLORIDA
to date

☐ 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

GOEHRING, ROLAND A.
15401 LAKE SHORE VILLA STREET
TAMPA FL 33613

10. If changed, new Registered Agent/Office

Name

000002352360--8

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

11/19/97-01099-012

Suite, Apt. #, etc.

***541.25 ***541.25

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

LAKE SHORE VILLAS, INC.

15401 LAKE SHORE VILLA

TAMPA FL

364311

Handwritten signature and date 11-18

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

Handwritten signature of Roland A. Goehring

DATE

9-18-97

Typed or Printed Name of General Partner Signing Form

Roland A. Goehring

Daytime Telephone Number

813-968-5093

CR2E003 (6/97)