## 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 Pertnership

**DOCUMENT#** 

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

98 SEP 16 AM 8:57

| Principal Office Address  P.O.BOX 20466—  TAMPA TL 63622-6466 —  2a. Principal Office Address 3750 Gunn Hwy |  | 3. Date Formed or Registered 01/12/1988 3a. Date of Last Report 09/25/1997   | 5a. Capit<br>Show  | al Contributions as n on record.  |  |
|---|--|--|--|---|--|
| P.O.BOX 20166-<br>TAMPA-TL 63622-0466 -<br>28. Principal Office Address                                     |  | 01/12/1988<br>3a. Date of Last Report  | Show   | n on record.  |  |
| TAMPA-Tt 63622-6466 -  28. Principal Office Address   |  | 3a. Date of Last Report  |  |   |  |
|   |  | 00/20/1007   | 5b. Amou   | \$900,000.00  5b. Amount of Capital Contributions in FLORIDA  |  |
|   |  | 4. State or Country of Formation   | to dat   | e:  |  |
| 3750 Gunn Hwy   |  | FL   | \$850,000.00   |   |  |
| Suite, Apt. #, etc. Suite 3A  |  | 6, FEI Number  |  | Applied For   |  |
| City & State  |  | <del></del>  |  | Not Applicable  |  |
| Tampa, FL.  |  | 7. Certificate of Status Desired   |  | \$8.75 Additional<br>Fee Regulred   |  |
| 33624 Hillsborough  |  | 8. Make check payable to: Dept.  | 8. Make check payable to: Dept. of State (See reverse side for fee information   |   |  |
| Issued Areas  | 1  | 10 If changed, new Registr   | ered Anent/Office  | 0 0/4   |  |
| 9. Name and Address of Current Registered Agent   |  | Name Name  |  |   |  |
|   |  |  |  | 11190   |  |
| 5005-W:-LAUREL 6T 3750 (  |  | Gunn Hwy   |  |   |  |
| Sulte, Apt. #   |  | #, etc.  |  |   |  |
| Jaura El 2260% -  |  | City   |  | FL 33624  |  |
| ered agent, or both, in the State of Flo  | ed limited partner<br>rida. Such change  | a was authorized by its general partner(s). I he   | reby accept the ap   | la, submits this statement<br>opointment of registered  |  |
| A CORPORATION   | IMITER   |  |  | NESS ENTITY   |  |
| BE REGISTERED AN  | ID ACTIV   | E WITH THIS OFFICE.  | IEK DUÐI   | NESS ENTIT  |  |
| Address of Fook Cons  | al Dadass  | 11b. City, State & Zip Code  | 11c.   | Registration/<br>Document Number  |  |
| -5005 W. LAUREL ST. #2 -<br>3750 Gunn Hwy suite 3A  |  | TAMPA FL   | H9   | H95225  |  |
| 11816 RUE LOIRE.  | ,4160 3/1  | LUTZ FL  |  |   |  |
| 5005 W. LAUREL-ST-#2-<br>3750 Gunn Hwy Suite 3A   |  | TAMPA FL   | 1  | <b>G4</b> 7759  |  |
|   |  | 400002<br>-09/1<br>****  | 26 <b>43</b> 6<br>8/9801<br>526,2 <b>5</b>   | 3248<br>1088015<br>****526.25   |  |
|   | City & State  Tampa, FL. Zip 33624 Hills  D.192, Florida Statutes, the above-name ered agent, or both, in the State of Florection 620.192, Florida Statutes.  A CORPORATION, BE REGISTERED AN 11a. Address of Each General Control Con | City & State  Tampa, FL.  Zip Country  33624 Hillsborough  Name  Street Address of Each General Partner (Do NOT Use Post Office Box Numbers)  -5095-W. LAUREL-ST-#2-  3750 Gunn Hwy suite 3A  11816 RUE LOIRE. | City & State  Tampa, FL.  Zip 33624  Hillsborough  10. If changed, new Regist  Name  Street Address (P.O. Box Number is Not Acceptable)  3750 Gunn Hwy  Suite, Apt. #, etc. Suite 3A  City Tampa  D.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of ered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I he ection 620.192, Florida Statutes.  A CORPORATION, LIMITED PARTNERSHIP OR OTHER REGISTERED AND ACTIVE WITH THIS OFFICE.  11a. Address of Each General Partner  11b. City, State & Zip Code  -5095 W. LAURSL-ST-#2- 3750 Gunn Hwy suite 3A  11816 RUE LOIRE.  TAMPA FL  3750 Gunn Hwy Suite 3A  11816 RUE LOIRE.  TAMPA FL  TAMPA FL  TAMPA FL  TAMPA FL | City & State Tampa, FL. Zip 33624 Hillsborough  8. Make check payable to: Dept. of State (See reve Tampa and FL. Zip 33624 Hillsborough  10. If changed, new Registered Agent/Office Name Steet Address (P.O. Box Number is Not Acceptable) 3750 Gunn Hwy Sulte, Apt. #, etc. Suite 3A City Tampa FL  2192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Floride ered agent, or both, in the State of Floride. Such change was authorized by its general partner(s). I hereby accept the agention 620.192, Florida Statutes.  A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSISE REGISTERED AND ACTIVE WITH THIS OFFICE.  11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)  11b. City, State & Zip Code 11c.  -5095 W. LAURGL-SI- #2- 3750 Gunn Hwy suite 3A 11816 RUE LOIRE.  LUTZ FL 5005 W. LAURGL-SI- #2- TAMPA FL 646 |  |

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 agreequired by chapter 620, Florida Statutes.

SIGNATURE.

George W. Lackey