

**FILE ON OR BEFORE APRIL 8, 1998 TO AVOID
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
98 MAR -3 AM 10:03

1. Name of Limited Partnership

1a. DOCUMENT #
A26367

LEX SYSTEMS PARTNERSHIP IV, LTD.



Mailing Address

PO BOX 10463
TAMPA FL 33679-0463

Principal Office Address

~~5400 BAY CENTER DRIVE~~
~~SUITE 107~~
TAMPA FL 33609

3. Date Formed or Registered

05/03/1988

5a. Capital Contributions as
Shown on record.

\$125,000.00

3a. Date of Last Report

12/31/1996

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

2. Mailing Address

2a. Principal Office Address

403606 Waverly Ct
TAMPA FL

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

33629 Hillsborough

4. State or Country of Formation

FL

6. FEI Number

59-2896078

☐ 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

**HEYCK (JOSEPH G.), JR. ESQUIRE
ALLEN DELL FRANK AND TRINKLE
SUITE 1240, 101 EAST KENNEDY BOULEVARD
TAMPA FL 33602**

10. If changed, new Registered Agent/Office

Name

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

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)

LEX SYSTEMS(PARTNERSHIP)

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

5420 BAY CENTER DRIVE

11b. City, State & Zip Code

TAMPA FL 33609

11c. Registration/
Document Number

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KWM

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

Lex Systems (Partnership) By [Signature]

DATE

12/23/97