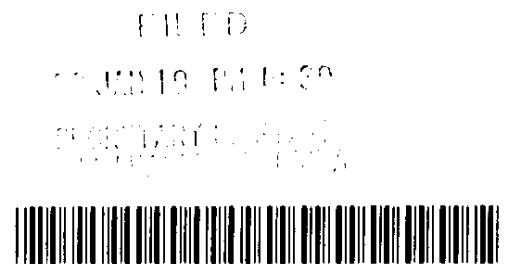


**FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
1. Name of Limited Partnership LAKESHORE DRY STORAGE, LTD.		1a. DOCUMENT # A26599	
Mailing Address 8326 LAKESHORE BLVD JACKSONVILLE FL 32210		Principal Office Address 8326 LAKESHORE BLVD JACKSONVILLE FL 32210	
2. Mailing Address 5326 LAKESHORE BLVD Suite, Apt #, etc. City & State Zip Country		2a. Principal Office Address 3326 LAKESHORE BLVD Suite, Apt #, etc. City & State Zip Country	



3. Date Formed or Registered 06/21/1988	5a. Capital Contributions as Shown on record \$30,000.00
3a. Date of Last Report 01/14/1998	5b. Amount of Capital Contributions in FLORIDA to date
4. State or Country of Formation FL	☐ Applied For ☐ Not Applicable
6. FLI Number 59-2897422	☐ \$8.75 Additional Fee Required
7. Certificate of Status Desired	
8. Make check payable to: Dept. of State (See reverse side for fee information)	

9. Name and Address of Current Registered Agent SIMPSON, BRYAN JR. 1061 RIVERSIDE AVE. 2ND FL JACKSONVILLE FL 32204	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt #, etc. City
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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). Thereby 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) LAKESHORE HIGH & DRY INC.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 1 INDEPENDENT DR., ST	11b. City, State & Zip Code JACKSONVILLE FL 32202	11c. Registration Document Number J94769
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Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

42. 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 included 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)