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

FILED
JAN 19 PM 1:39
SECRETARY OF STATE

1. Name of Limited Partnership

1a. DOCUMENT # A26599

LAKESHORE DRY STORAGE, LTD.

Mailing Address	Principal Office Address
~~8326-1 LAKESHORE BLVD~~	~~8326-1 LAKESHORE BLVD~~
JACKSONVILLE FL 32210	JACKSONVILLE FL 32210

3. Date Formed or Registered: 06/21/1988
3a. Date of Last Report: 01/14/1998
4. State or Country of Formation: FL
5a. Capital Contributions as Shown on record: $30,000.00
5b. Amount of Capital Contributions in FLORIDA to date:
6. FEI Number: 59-2897422 ☐ 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)

2. Mailing Address	**2a.** Principal Office Address
3326 LAKESHORE BLVD	3326 LAKESHORE BLVD
Suite, Apt #, etc.	Suite, Apt #, etc.
City & State	City & State
Zip / Country	Zip / Country

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 FL

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
LAKESHORE HIGH & DRY INC.	1 INDEPENDENT DR., ST	JACKSONVILLE FL 32202	J94769

JAN 2 1 1999

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 1/15/99

Typed or Printed Name of General Partner Signing Form _____ Daytime Telephone Number _____

CR2E003 (8/98)