

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. Northam Secretary of State DIVISION OF CORPORATIONS
1. Name of Limited Partnership SIMS ENTERPRISES, LTD.		1a. DOCUMENT # A27677	
Mailing Address 1219 N. HIGHWAY 301 TAMPA FL 33619		Principal Office Address 1219 N. HIGHWAY 301 TAMPA FL 33619	
2. Mailing Address <u>6214 N. QUEENSWAY DR</u> Suite, Apt. #, etc. City & State <u>Temple Terrace FL</u> Zip <u>33617</u>		2a. Principal Office Address <u>6214 N. QUEENSWAY DR</u> Suite, Apt. #, etc. City & State <u>Temple Terrace FL</u> Zip <u>33617</u>	

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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3. Date Formed or Registered 12/29/1988	5a. Capital Contributions as Shown on record \$622,990.00
3a. Date of Last Report 01/05/1998	
4. State or Country of Formation FL	5b. Amount of Capital Contributions in FLORIDA to date
6. FEI Number 59-2923348 ☐ 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 SIMS, DEAN P 1219 N. HIGHWAY 301 TAMPA FL 33619	10. If changed, new Registered Agent/Office Name <u>Tommy Sims</u> Street Address (P.O. Box Number is Not Acceptable) <u>6214 N. QUEENSWAY DR</u> Suite, Apt. #, etc. City <u>Temple Terrace</u> FL Zip Code <u>33617</u>
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 _____	

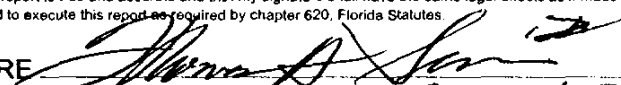
**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s) SIMS, THOMAS H. II SIMS, DEAN P.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 1219 N. HIGHWAY 301 1219 N. HIGHWAY 301	11b. City, State & Zip Code TAMPA FL TAMPA FL	11c. Registration/Document Number 5.00002795085---1 -03/04/99--01036--015 ****528.25 ****526.25 OK 2/27/99
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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


Tommy Sims G.P.

DATE

12.28.98

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

813-980-3410

CR2E003 (8/98)