

FILE ON QR BEFORE APRIL 7, 1999 TO AVOID  
REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

99 FEB 26 AM 10:25



1. Name of Limited Partnership		1a. DOCUMENT # <b>A29409</b>	
COZART PROPERTIES, LTD.		99-AR CM	
Mailing Address	Principal Office Address		
5125 S. NICHOL ST. TAMPA FL 33611	5125 S. NICHOL ST. TAMPA FL 33611		
2. Mailing Address	2a. Principal Office Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State		
Zip	Country	Zip	Country

3. Date Formed or Registered 12/27/1989	5a. Capital Contributions as Shown on record \$400,000.00
3a. Date of Last Report 01/05/1998	5b. Amount of Capital Contributions in FLORIDA to date 420,000.00
4. State or Country of Formation FL	6. FEI Number 59-2983870 59- 3002995
7. Certificate of Status Desired <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	8. Make check payable to: Dept. of State (See reverse side for fee information) \$8.75 Additional Fee Required PP \$526.25

9. Name and Address of Current Registered Agent	10. If changed, new Registered Agent/Office
SAXTON, CARROLL C. 5125 S. NICHOL ST. TAMPA FL 33611	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)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/ Document Number
LAKE FRONT, INC.	52 LADOGA AVE.	TAMPA FL	L38405
300002788353--4 -02/26/99--01050--005 ****526.25 ****526.25			

**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 LAKE FRONT, INC. BY: TOBY COZART, Its President  
Toby Cozart

DATE 2/24/99  
(610) 653-5859

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

CR2E003 (12/98)