

**FILE ON OR BEFORE APRIL 9, 1997 TO AVOID REVOCATION  
AND \$500 PENALTY FEE**

**LIMITED PARTNERSHIP  
ANNUAL REPORT  
1997**



FLORIDA DEPARTMENT OF STATE  
Sandra Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

*FILED*  
*APR 25 1997*  
*1:14 PM*  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. Name of Limited Partnership

1a. DOCUMENT #  
**A29790**

**J.W. HARRIS ENTERPRISES, LTD.**

Mailing Address

4710 N. HABANA AVE., SUITE 401  
TAMPA FL 33614

Principal Office Address

4710 N. HABANA AVE., SUITE 401  
TAMPA FL 33614

3. Date Formed or Registered

03/16/1990

5a. Capital Contributions as  
Shown on record.

**\$150,000.00**

3a. Date of Last Report

06/24/1996

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

**1000 -**

4. State or Country of Formation

FL

6. FEI Number

59-3001741

☐ 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

HARRIS, JEFF W., M.D.  
4710 N. HABANA AVE., SUITE 401  
TAMPA FL 33614

10. If changed, new Registered Agent/Office

Name

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

Suite, Apt. #, etc.

City

**100002167601-9**

**-05/06/97-01077-003**

**FL 556.25**

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)

HARRIS, JEFF W., M.D.

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

4710 N. HABANA AVE.,#

11b. City, State & Zip Code

TAMPA FL

11c. Registration/  
Document Number

**RESTATEMENT.**

**97**

**CM**

**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 section 620.192, Florida Statutes.

SIGNATURE

DATE

Typed or Printed Name of General Partner Signing Form

**Jeff W. Harris**

Daytime Telephone Number

**4/22/97**  
**(813) 875 8045**