

**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
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 JAN -4 PM 3:47

1. Name of Limited Partnership

1a. DOCUMENT #
A31658

LAKE MARY ENTERPRISES LIMITED PARTNERSHIP



09/1/20

Mailing Address

Principal Office Address

~~2101 W.S.R. 434, SUITE 103~~
~~LONGWOOD FL 32779~~

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~~LONGWOOD FL 32779~~

3. Date Formed or Registered

06/18/1991

5a. Capital Contributions as Shown on record.

\$100,000.00

3a. Date of Last Report

12/08/1997

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

4. State or Country of Formation

FL

6. FEI Number

59-3071727

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

366 E. Graves Ave

366 E. Graves Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite B

Suite B

City & State

City & State

ORANGE City, FL.

ORANGE City, FL.

Zip

Zip

32763 Volusia

32763 Volusia

9. Name and Address of Current Registered Agent

10. If changed, new Registered Agent/Office

DOWD, E. MICHAEL

Name

~~2170 W. S.R. 434, #420~~
~~LONGWOOD FL 32779~~

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

366 E. Graves Ave.

Suite, Apt. #, etc.

Suite B

City

ORANGE City

FL

Zip Code

32763

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

VALUE LINE CONST. CORP.

2101 W.S.R. 434, SUI

LONGWOOD FL 32779

481021

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-01/21/99--01118--002
***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

E. Michael Dowd

DATE

12/30/98

Typed or Printed Name of General Partner Signing Form

E. Michael Dowd, Pres VALUE LINE

Daytime Telephone Number (904) 774-9318

CONST. GENERAL PARTNER

CR2E003 (8/98)