

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

98 DEC 28 AM 7:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



1. Name of Limited Partnership

1a. DOCUMENT #
A32603

LOST CREEK PARTNERSHIP, LTD.

Mailing Address

ATTN: DONALD CHAIKEN/LC GP. INC.
1600 S. MAIN ST., #150
WALNUT CREEK CA 94596-5394

Principal Office Address

ATTN: BURTON A. BINES
101 WYMORE ROAD, SUITE 400
ALTAMONTE SPRINGS FL 32714

3. Date Formed or Registered

02/17/1992

5a. Capital Contributions as
Shown on record.

\$1,000,000.00

3a. Date of Last Report

12/18/1997

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

4. State or Country of Formation

FL

2. Mailing Address

2a. Principal Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. FEI Number

59-3149351

☐ 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

INTOMM, INC.
101 WYMORE ROAD
SUITE #400
ALTAMONTE SPRINGS FL 32714

10. If changed, new Registered Agent/Office

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

LC GP, INC.

1600 S. MAIN STREET,

WALNUT CREEK CA 94596

P96000015811

300002750303--3
-01/21/98--01037--011
****535.00 ****535.00

CR2E003 (8/98)

Note: General Partner 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 furnished on this form is true and accurate and 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

Donald Chaiken, President

DATE 12-18-98

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number