

FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1997



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

96 OCT 28 PM 12:30



1. Name of Limited Partnership LAKE DRIVE DEVELOPMENT, LTD.	1a. DOCUMENT # A33382
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Mailing Address ONE TAMPA CITY CENTER SUITE 2100 TAMPA FL 33602	Principal Office Address ONE TAMPA CITY CENTER SUITE 2100 TAMPA FL 33602	3. Date Formed or Registered 09/03/1992	5a. Capital Contributions as Shown on record \$306,000.00
2. Mailing Address 13156 N. DALE MABRY	2a. Principal Office Address 13156 N. DALE MABRY	3a. Date of Last Report 01/04/1996	5b. Amount of Capital Contributions in FLORIDA to date
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. State or Country of Formation FL	
City & State TAMPA, FL	City & State TAMPA, FL	6. FEI Number 59-3141375	☐ Applied For ☒ Not Applicable
Zip 33618	Country	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 KUSSNER, STEPHEN L. ONE TAMPA CITY CENTER SUITE 2100 TAMPA FL 33602	10. If changed, new Registered Agent/Office Name GLASER, BOB Street Address (P.O. Box Number is Not Acceptable) 13156 N. DALE MABRY Suite, Apt. #, etc. City TAMPA State FL Zip Code 33618
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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 **10-15-1996**

**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) P&H GROUP, INC.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) ONE TAMPA CITY CENTER	11b. City, State & Zip Code TAMPA FL	11c. Registration/ Document Number S64764
100001993111--1 -10/31/96--01111-018 ****576.25 ****576.25 dcc			

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 _____

DATE **10-15-1996**

Typed or Printed Name of General Partner Signing Form _____

R. VAN DUYN

Daytime Telephone Number

813 849 3800

CR25003 (6/96)