

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

97 JAN -6 PM 2:20



1. Name of Limited Partnership

1a. DOCUMENT #
A92000000161

IRIS LIMITED PARTNERSHIP

Mailing Address
242 N. WESTMONTE DRIVE
ALTAMONTE SPRINGS FL 32714

Principal Office Address
242 N. WESTMONTE DRIVE
ALTAMONTE SPRINGS FL 32714

3. Date Formed or Registered

12/14/1992

5a. Capital Contributions as
Shown on record.

\$1,750.00

3a. Date of Last Report

05/20/1996

5b. Amount of Capital
Contributions in FLORIDA
to date

1750.00

4. State or Country of Formation

FL

2. Mailing Address

2a. Principal Office Address

Suite, Apt. #, etc.
28931 Winner Circle Dr.

City & State
TAVARES, FL

Zip Country
32778 USA

Suite, Apt. #, etc.
28931 Winner Circle Dr.

City & State
TAVARES, FL

Zip Country
32778 USA

6. FEI Number
59-3171455

☐ 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

BLAKE, MARK T
821 DOUGLAS AVENUE
ALTAMONTE SPRINGS FL 32714

10. If changed, new Registered Agent/Office

Name
Bonnie Givens
Street Address (P.O. Box Number Is Not Acceptable)
28931 Winner Circle Dr.

Suite, Apt. #, etc.

City
TAVARES

FL Zip Code
32778

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)

Bonnie L. Givens

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)

GIVENS, CHARLES J JR

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

242 N WESTMONTE DRIVE

11b. City, State & Zip Code

ALTAMONTE SPRINGS FL

11c. Registration/
Document Number

300002057619--6
-01/14/97--01153--004
****191.25 ****191.25

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

CJ JR

DATE

10-15-96

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number