

**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 -2 PM 3:22

1. Name of Limited Partnership

1a. DOCUMENT #  
**A92000000196**

**LAKEPALM SC COMPANY, LTD.**



Mailing Address

Principal Office Address

1733 W. FLETCHER AVENUE  
TAMPA FL 33612

1733 W. FLETCHER AVENUE  
TAMPA FL 33612

3. Date Formed or Registered

12/21/1992

5a. Capital Contributions as Shown on record.

**\$194,000.00**

3a. Date of Last Report

12/04/1995

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

2. Mailing Address

2a. Principal Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. State or Country of Formation

FL

6. FEI Number

59-3157558

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

10. If changed, new Registered Agent/Office

~~LEVIN, LEONARD~~  
~~1733 W. FLETCHER AVENUE~~  
~~TAMPA FL 33612~~

Name **Clifford L. Walters**  
Street Address (P.O. Box Number is Not Acceptable)  
**802 11th Street West**  
Suite, Apt. #, etc.  
City **Bradenton** FL <sup>Zip Code</sup> **34205**

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

**12-12-94**

**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

~~LEVIN, LEONARD~~  
NORTAM CORPORATION  
TAMNOR CORPORATION  
FOG LAKELAND GENERAL, INC.

~~8931 N. FLORIDA AVENUE~~  
550 MAMCRONECK AVENUE  
C/O 60 EAST 42ND STRE  
1733 W. Fletcher Ave.

~~TAMPA FL 33604~~  
HARRISON NY  
NEW YORK NY 10165  
Tampa, FL 33612

G66830  
G66829  
P94000003725

700002054617--5  
-01/10/97--01100--017  
\*\*\*\*576.25 \*\*\*\*576.25  
dec 576.25

**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

DATE

**12-27-94**

Type

Printed Name of General Partner Signing Form

**Suzanne Rice - Vice President**

Daytime Telephone Number

**813-960-8154**

CRE003 (6/96)