

FILE ON OR BEFORE APRIL 9, 1997 TO AVOID REVOCATION
AND \$500 PENALTY FEE

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 MAR 10 AM 9:42

LIMITED PARTNERSHIP
ANNUAL REPORT
1997



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

1. Name of Limited Partnership

1a. DOCUMENT #
A93000000225

BEE LINE ENTERTAINMENT PARTNERS, LTD.



Mailing Address

~~400 SOUTH ORANGE AVE., SUITE 2300~~
~~ORLANDO FL 32801~~

Principal Office Address

~~400 SOUTH ORANGE AVE., SUITE 2300~~
~~ORLANDO FL 32801~~

3. Date Formed or Registered

02/25/1993

5a. Capital Contributions as
Shown on record.

\$1,800,000.00

3a. Date of Last Report

12/22/1995

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

\$1,800,000.00

2. Mailing Address

401 E. Semoran Blvd.

2a. Principal Office Address

401 E. Semoran Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Casselberry, FL

City & State

Casselberry, FL

Zip

32707

Country

Zip

32707

Country

4. State or Country of Formation

FL

6. FEI Number

59-3171209

☐ 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

A.G.C. CO.
800 S. ORANGE AVENUE, SUITE 2300
ORLANDO FL 32801

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)

BEE LINE ENTERTAINMENT, INC.

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

401 E. SEMORAN BLVD.

11b. City, State & Zip Code

CASSELBERRY FL 32707

11c. Registration/
Document Number

P02000012400

400002111814--2
-03/12/97--01113--002
****541.25 ****541.25

acc 541.25 (new fees)

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.

Bee Line Entertainment, Inc.

SIGNATURE

By: ✓

James Veigle

DATE

✓ 2/12/97
✓ 407 7678279

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

CR2E003 (11/96)