

FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT
TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1998



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

FILED

97 OCT 24 AM 11:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Name of Limited Partnership

1a. DOCUMENT #
A93000001075

LWB HOMES, LTD.

98-AR
Cn



Mailing Address

860 STATE ROAD 434 NORTH
SUITE 7
ALTAMONTE SPRINGS FL 32714

Principal Office Address

860 STATE ROAD 434 NORTH
SUITE 7
ALTAMONTE SPRINGS FL 32714

2. Mailing Address

Suite, Apt. #, etc.

City & State

Zip Country

2a. Principal Office Address

Suite, Apt. #, etc.

City & State

Zip Country

3. Date Formed or Registered

10/11/1993

3a. Date of Last Report

12/02/1996

4. State or Country of Formation

FL

5a. Capital Contributions as
Shown on record.

\$150,000.00

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

\$150,000.00

6. FEI Number

59-3205462

☐ 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

GOODMAN, LAUREN B.
~~860 STATE ROAD 434 NORTH~~
~~SUITE 7~~
~~ALTAMONTE SPRINGS FL 32714~~

10. If changed, new Registered Agent/Office

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, etc.

Suite 7

City

Altamonte Springs

FL

Zip Code
32714

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)

**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)

RBA, INC.

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

860 STATE ROAD 434 NO

11b. City, State & Zip Code

ALTAMONTE SPRINGS FL

11c. Registration/
Document Number

P93000048111

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 10/20/97

Typed or Printed Name of General Partner Signing Form

William J. Goodman

Daytime Telephone Number

(407) 788-6555

CR2E003 (6/97)